# Utilizing Creative Techniques for Building Rapport with Autism Spectrum Disorder Clients in Both Individual and Group Settings

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## Before We Begin...

Experiences with Autism or Individuals with Autism?
- Personal
- Counseling Environment

What do you feel are challenges, struggles, or concerns?

Level of comfort leading group sessions?

## Note on Context of Population

- Counseling and group services provided are based around a specific age range and setting that might differ from clients with ASD you may see
- One recommendation given for a client might not work for another client
  - Individualized treatment and goals
- Utilization of person-first language in this presentation

## Terminology

- *Person-first* vs. *Identity-first* language in clients with ASD
- "Individuals with ASD" vs. "Autistic"
- Utilizing **inclusive** language with our clients, respect of personal preference and individual-by-individual basis
- Disclosure is a personal choice

**Person-first:**
- *"person with autism", "people with autism"*
- Puts a person ahead of the diagnosis

**Identity-first:**
- "*Autistic person*", "*Autistic*"
- Language that places diagnosis or identity at the forefront
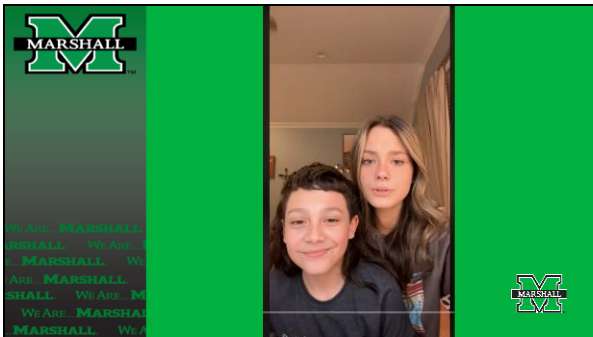
VeryWell Mind (2023)

## Diagnosis

- Individuals that have previously been diagnosed with a DSM-IV diagnosis of *autistic disorder, Asperger's disorder, or pervasive developmental disorder* not otherwise specified should be given a diagnosis of *(F84.0) Autism Spectrum Disorder*

Criteria must be met based on deficits in social interactions, verbal and non-verbal communications, and restricted, repetitive patterns of behavior, *specifying:*

- Level 3: Requiring very substantial support
- Level 2: Requiring substantial support
- Level 1: Requiring support

*Specify if:*
- With or without accompanying intellectual impairment
- With or without accompanying language impairment

*Specify if:*
- Associated with a known genetic or other medical condition or environmental factor
- Associated with a neurodevelopmental, mental, or behavioral problem

*Specify if:*
- With catatonia (abnormal behavior or movements)

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## Diagnostic Criteria

*DSM Criteria highlight deficits in the following areas*
*Deficits can range in various degrees*

**A: Persistent deficits in social communication and interactions across contexts:**

- o A1.-Emotional reciprocity (abnormal approach to conversations, failure of back-and-forth conversation, reduced sharing of interests, emotions, and affect to total lack of initiation of social interaction)
- o A2. Deficits in non-verbal communicative behaviors used for social interaction, ranging from abnormalities in eye contact and body language, deficits in understanding and use of non-verbal communication, to total lack of facial expression or gestures
- o A3. Deficits in developing and maintaining relationships, appropriate to developmental level; ranging from difficulties adjusting behavior to suit different social contexts to apparent absence of interest in people

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## Diagnostic Criteria

**B: Restricted, repetitive patterns of behavior, interests, or activities manifested by:**

- o B1. Stereotyped or repetitive speech, motor movements, or use of objects
- o B2. Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change
- o B3. Highly restricted, fixed interests that are abnormal in intensity or focus; strong attachment to or preoccupation with objects, facts, or concepts
- o B4. Hyper or Hypo reactivity to sensory input or unusual interest in sensory aspects of environment

**Why is it called a "Spectrum" disorder?**

The word "spectrum" indicates that autism appears in varying levels of severity (1, 2, 3). All clients have deficits in communication and behavior, but it is the experience of how diagnosis impacts each person throughout the spectrum.

| 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. |

Could you stand the rejection?

## Individual vs. Group Observations

**Social Skills/Communication:**
- Theory of Mind; inability to take another person's perspective
  - Recognition or interpretation other's non-verbal expressions
- Adjustment of behavior for social context
- Understanding use of body posture/gestures of self or others
- Difficulty establishing peer relationships or other social contexts
- Withdrawn or aloof, limited interest in others
  - Failure to share enjoyment, excitement, achievements with others
  - Lack of response to praise
- Difficulty in conversational skills
  - One-sided conversation (fixed interests)
    - Little background information
    - Reciprocal conversation, sarcasm, jokes
  - Lack of initiation
  - Eye contact and abnormal tone, volume, pitch, rate, rhythm of speech
  - Direct, blunt, or literal language

(Laugeson, 2017)

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## Individual and Group Observations

**Social Skills/Communication Continued:**
- Rigid thinking, rule-bound in behavior or thought
- Unusually formal language
- *Echolalia* (repetitive use of words or speech)
- Language use that is only familiar to that person

**Emotional Intelligence and Fluidity:**
- *Alexithymia*—difficulty with awareness, expression, and verbalization of emotions
- Limited communication of own affect or inability to convey a range of emotions via words, expressions, tone of voice
- Lack of coordinating verbal and non-verbal communication together
- Abstract thoughts and concepts

**Masking behaviors:**
- "Autistic burnout"
  - Camouflaging
  - Conforming in a neuro-typical world

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## Counseling Role

**Counseling dynamic—individual or group settings:**
- **Rapport building**
  - Importance of the therapeutic relationship
    - Trust
    - Empowerment
    - Person-centered
    - Counseling vs. Client role
  - Integrative approaches with use of creative techniques
  - Directedness and effective communication within the counselor role
    - Addressing ambiguity
    - Verbal and non-verbal cues
    - Understanding the learning style of the client
  - Utilization of self-disclosure

## Counseling Role

**Attainable Goals for the Counselor:**

   a. Safe and welcoming counseling environment—create their "safe space"
   - Office lighting
   - Respect of individual sensory needs
   - Emphasizing your role and the clear expectations of the therapeutic relationship and counseling process

   b. Fostering independence and autonomy while supporting and developing informed decision-making skills

   c. Recognition of one's own affect, body language, behaviors, and ways of communication
   - "matching energy"

People start to heal the moment they feel heard.
Cheryl Richardson

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## Counseling Approaches

**Social Skills:**

- Perspective and introspection building of the self and others
- Modeling and role play exercises
- Processing social anxieties
- Reinforcing and utilizing assertive communication skills
- Conflict resolution
- Understanding boundaries

- Relationship building skills
  - Initiating conversation
  - Exiting conversation
  - Icebreakers
  - Intra and Inter-personal uniqueness

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## Counseling Approaches and Techniques

**Mental Health:**

- Processing anxieties, struggles
- Trauma processing
- Visual aids (5-point scales, Feelings thermometer)
- Emotion wheel
- Encouragement of alternative descriptions for emotions
- Emotional and Self-regulation
- Calming, Thinking, Sensory strategies

**Personal Needs:**

- Building esteem and self-worth
- Fostering autonomy
- Empowering client to be expressive through different mediums and ideas
- Understanding the self and personal identity
- Calming and mindfulness strategies

toxic positivity
- being negative won't help you
- good vibes only
- you'll get over it
- other people have it a lot worse
- smile, crying won't help
- just stay positive

Genuine optimism
- it's important to let it out, is there anything i can do to make this easier for you?
- i love you through all your emotional states
- you are so resilient, and your strength will get you through it
- you are not alone, and there is support to help you
- it's okay to cry, we all do. can i get you a tissue or a hug?
- things are tough right now, do you wanna talk about it, or do something lighthearted?

## Creative Techniques in Individual Settings

- Uses of Emotion Wheels or "Feeling words"
- Guided Imagery for creative ideas
  o "naming" negative thoughts or emotions
- Use of props—coffee filter (based on "Impact Therapy")
- Icebreaker/conversational cards
- Games
  o UNO, Yahtzee, Headband
    • Mindful of cultural/family normal interactions
- Abstract ideas, or pictures (interactive cards)
- Sour candy for grounding
- Standing/Active sessions
- Art mediums (paint, Play-doh)
- Alternative descriptions for emotions (songs, experiences, etc.)
- Creation of personal Likert scales
  o Identifying emotions
  o Emotional and behavioral reinforcement
    • Adapting scales to client's interests
      o Pokémon, Anime

**How do you feel today?**

| Happy | Sad | Angry |
| Proud | Confused | Sick |
| Mad | Excited | Surprised |
| Tired | Disappointed | Shy |

## Skill-Based Activities in Individual Settings

When in doubt...BUILD SKILLS in a CREATIVE way!

- Role play
- Conversate
  o Build rapport on a fixed interest—with limits!
- Re-direct
- Boundary setting
- Experience-based learning like modeling
  o Active listening
  o Social norms/expectations

## Creative Activities in Group Settings

- Feelings Gingerbread (mind/body connection)
- Straw Painting (mindfulness, grounding)
- Life Maps (introspection, goal-planning)
- Bucket Lists (goal-setting, dream building!)
- Group Mural (personality expression/group involvement)
- "Soundtrack Your Life"
- Chalking, Greenhouse, Rock Painting
- Mask Creation
- Sensory Science
  o "emotions that stick"
  o "emotion volcanos"

## Creative Activities in Group Settings

**Games:**
- Budgeting
- Mindfulness/Self-Care Bingo
- Group Gaming ("Cozy Game and Hang," etc.)
- Feelings/Life Skills Jeopardy
- Pictionary
- Puzzles

## Skill-Based Activities in Groups

- Role Play
  - Boundaries
  - Scripting
  - Conversate
  - Modeling
- Integrating Theories for Conversation:
  - Cognitive Behavioral Therapy—"what happens if/when"
  - Dialectical Behavior Therapy

(Maddox et al., 2019)

## Creative Approaches for Challenging Clients

- Brainstorm conversations
- How and when to push clients out of comfort zone
  - "I care about you enough to tell you this..."
  - Realistic scenarios and ideas
- Walking sessions for high-stimming clients
- Creation of a session schedule of duties and goals
- Avoidance of toxic positivity

(Cherry, 2024)

## Creative Approaches for Challenging Clients

- Sensory Aware Environment – This supports comfort, engagement, and safety.

- Use Sensory items – These are powerful tools to help clients self-regulate, reduce overwhelm, and stay grounded.

- Collaborative Challenge – Emphasizes autonomy and problem solving, not fixing.

## Integrative and Creative Techniques

Questions?    Comments?    Observations?

## Resources

- **West Virginia Autism Training Center**: https://www.marshall.edu/atc/
- **Disability Right of West Virginia**: https://www.drofwv.org/autism
- **Autism Society West Virginia**: https://westvirginia-autism-society.org/
- **WV Cares for Autism**: https://wvcaresforautism.org/about-cares/
- **West Virginia Developmental Disabilities Council**: https://ddc.wv.gov/resources/Pages/ForChildrenwithDevelopmentalDisabilities.aspx
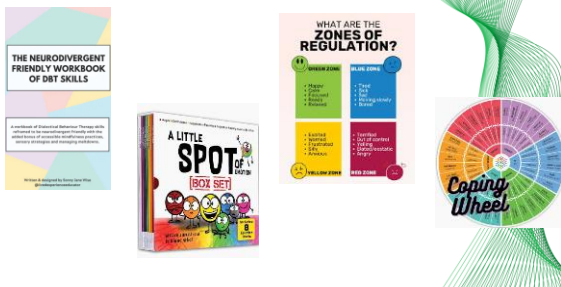
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