JFK Partners
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Recognizing and Supporting Autistic Students in School-Based Health Centers

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Kaylin Russell

- Michigan
  - Michigan State University
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- Have been in the field of autism for 10 years
- Specialize in autism intervention research

Ainsley Losh

- University of Michigan
  - University of California, Riverside
    - Mass General Hospital
      - University of Colorado, Anschutz Medical Campus/CHCO
- Have worked in school, clinical, research, and residential settings
- Focus on autism assessment, co-occurring mental health, and therapeutic alliance/relationships

Presenters' Values

- We honor autistic perspectives
- We provide neurodiversity-affirming care
- We respect communication differences
- We center autistic voices in a person-focused approach

We want to hear about you!

- What is your role?
- How do you currently support students on the autism spectrum?
- What do you hope to learn today?

AGENDA

1 **Autism Diagnostic Criteria**

2 **Neurodiversity and Diversity Considerations**

3 **Screening Tools**

4 **Next Steps and Resources**

5 **Case Studies, Q&A, Reflections**

Autism Diagnostic Criteria – DSM-V Medical Model

Persistent Social Communication and Interaction Challenges Across Multiple Contexts

All of the following:

1. Challenges with Social-Emotional Reciprocity
2. Challenges with Nonverbal Communicative Behaviors
3. Challenges Developing, Maintaining, and Understanding Relationships

AUTISM

Restricted, Repetitive Patterns of Behavior, Interests, or Activities (RRBs)

At least two of the following:

1. Stereotyped or Repetitive Motor Movements, Use of Objects, or Speech
2. Insistence on Sameness, Inflexible Adherence to Routines, or Ritualized Behaviors
3. Highly Restricted, Fixated Interests
4. Hyper- or Hyporeactivity to Sensory Input or Unusual Sensory Interests

DSM-5-TR: Social Communication Domain

Social Emotional Reciprocity

- Sharing interests or emotions
- Back-and-forth conversation or interaction

Nonverbal Communication

- Eye contact
- Facial expression
- Body language
- Rhythm/Intonation of speech
- Gestures
- Reading social cues

Developing and Maintaining Relationships

- Social interest can be present but need skills to make connection
- Initiating or sustaining relationships
- Understanding relationships

DSM-5-TR: RRBs Domain

Stereotyped or Repetitive Movements or Speech

- Repetitive play patterns
- Repetitive speech (even when highly verbal)

Insistence on Sameness, inflexibility

- Difficulty with transitions or changes
- Rigid thinking patterns, black-and-white or all-or-nothing thinking

Fixated Interests

- Highly intense or focused interests

Sensory Differences

- Hypo- or hyper-sensitivity to sensory input

The Spectrum

- No two people on the spectrum are alike
- Instead of "high functioning" vs. "low functioning" or "a lot of autism" vs. "a little autism," think of each person with their own unique strengths and challenges across a range of domains

Autism

An Overview

01

1 in 36 children nationally (CDC, 2023)

02

Genetically based neurodevelopmental diagnosis

03

3:1 ratio of boys compared to girls diagnosed

04

Range of cognitive and independent living ability

05

70% at least one co-occurring psychiatric condition

(Leyfer et al., 2008)

Clinical vs. School Identification

	Medical (DSM-5) Diagnosis	School Educational Eligibility
Purpose	Clinical identification of autism	Eligibility for special education services
Use	Medical treatment, insurance, community services	School supports (e.g., IEP)
Criteria	DSM-5 behavioral criteria	IDEA criteria
Who does assessment	Licensed clinicians, medical professionals	School multidisciplinary team
Required for special education services	No	Yes

CO Autism School Definition

The student does not receive reasonable educational benefit from general education due to:

1. **Significant difficulties and/or differences in interacting with or understanding people and events. Examples:**
   - Establishing and maintaining relationships
   - Lack of typical back-and-forth social conversation
   - Deficits in understanding and using nonverbal communication

2. **Significant difficulties or differences in other aspects of social communication, both receptively and expressively. Examples:**
   - No verbal language
   - Eye contact and body language
   - Difficulty sharing, engaging in imaginative play, and developing and maintaining friendship

3. **Significant rigidity in routines and/or significantly persistent preoccupation with or attachment to objects or topics**.

https://www.cde.state.co.us/cdesped/asd_guidelines

Medical Model vs. Neurodiversity Paradigm

	Medical Model	Neurodiversity Paradigm
Core assumption	There is a *normal* way of being, anything significantly different from that is inherently bad – a flaw that requires a correction.	There is no *normal*. Brains come in many varieties; no two brains are alike; and there is no better or worse.
Conceptualization of autism	Autism is a disease or disorder. It is undesirable and categorically bad.	Autism is part of human biodiversity and on an individual level is an inherent part of a person's identity.
Conceptualization of a disability	Disability is a defect *within* a person.	Disability results from a *poor fit* between a person and their environment. The lack of environmental support or flexibility is disabling.
Goals of support	The goal is to make the autistic person look less autistic.	The goal is to help the autistic person be their authentic self.

CREDIT: Is This Autism? A Guide for Clinicians and Everyone Else by Henderson, Wayland and White page 7-8

Terminology

Outdated Terminology	Current Terminology
People with Autism (person first)	**Autistic (identity first) – ask the person what they prefer**
Asperger's/PDD-NOS	**Autism**
Neurotypical/Normal	**Non-Autistic/Allistic**
Treatment	**Support Services, Affirm Differences, not training folks to be less autistic for others' comfort**
Warning Sign/Red Flags	**Characteristics/Behaviors**
Language focused on deficits/disorder	**Language focused on differences and spectrum**
High Functioning/Low Functioning	**Minimal Support Need/High Support Need**
	Neurodiversity/Neurodiverse: unique ways people's brains work, umbrella term, term first used by Judy singer in the late 1990s
	Masking, Camouflaging of autistic traits

Considerations for Girls (e.g., Bargiela et al., 2016; Cook et al., 2024)

- Hard time maintaining relationships, even though may be able to initiate (e.g., conflictual relationships)
- Appear socially successful but experiences times of intense social burnout
- Make social scripts to follow
- Exhausted by trying to keep up socially
- Often feel misunderstood
- Cognitive inflexibility
- Interests don’t seem odd but are intense
- Emotional lability
- Diagnostic overshadowing
- Fewer RRBs, fewer externalizing behaviors

Other Diversity Considerations

- Autism is present in all racial, ethnic, and socioeconomic groups
- Barriers can include: (Malik-Soni et al., 2022)
  - Access to medical diagnosis
  - Awareness and understanding of autism of medical providers/psychologists
  - Stigma around labels
- Research has primarily been conducted with white cisgender assigned male at birth individuals
  - Females diagnosed at least 6 years later than male counterparts (Lockwood et al., 2021)
  - High correlation between autism and trans and non-binary identity (Warrier et al., 2020)

Social Masking & Camouflage (e.g., Hull et al., 2019)

- Acting in a manner to pass as non-autistic
- Performance that often requires significant effort and mental energy
- May contribute to mental health challenges
- **More common in females**
- Individuals appear quite socially successful but this takes a significant effort leading to extreme exhaustion in form of autistic burnout, becoming non-speaking

Co-Occurring Diagnoses

ADHD	Anxiety disorders	Depressive disorders	Epilepsy
Intellectual Disability	Sleep disorders	Sight/hearing impairment/loss	GI syndromes

Any of these can co-occur with autism but understanding the root of the presentation is crucial for informing care – diagnostic understanding when it comes to autism is **paramount

CAT-Q

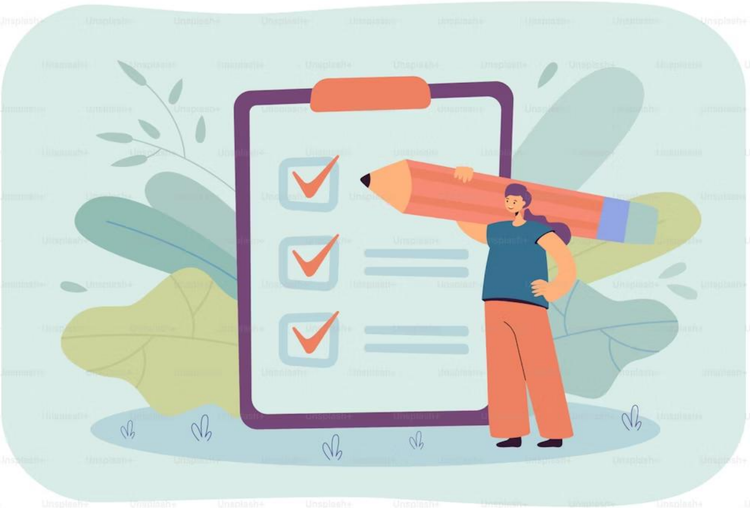
- **Camouflaging Autistic Traits Questionnaire (CAT-Q;** Hull et al., 2019)
  - 25-item, self-report measure of social camouflaging behaviors for individuals age 16+.
  - May help identify autistic individuals who do not currently meet diagnostic criteria due to their ability to mask.
  - Available online: https://embrace-autism.com/cat-q/
  - Example Items:
    - "I have developed a script to follow in social situations."
    - "I learn how people use their bodies and faces to interact by watching television or films, or by reading fiction."

SRS-2

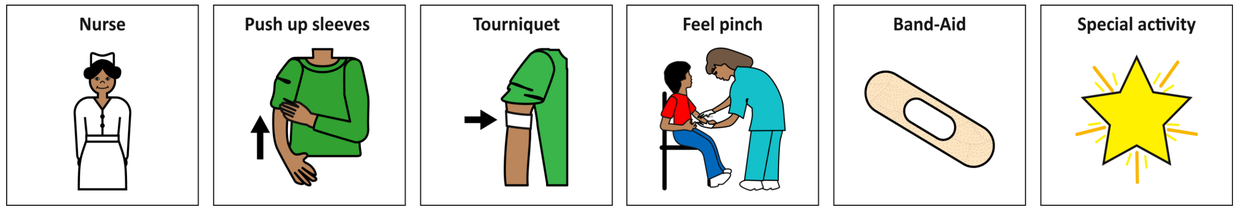
- **Social Responsiveness Scale, 2nd Edition (SRS-2**; Constantino, 2012)
  - 65-item questionnaire
  - Completed by parents or teachers. Self-report for adults
  - Assesses social motivation, social communication, social awareness, social cognition, and RRBs
  - Ages 2.5 years and older
  - Must be purchased from WPS (digital and paper available): https://www.wpspublish.com/srs-2-social-responsiveness-scale-second-edition.html
  - Commonly used in autism evaluations

DSM-5-TR Checklist

- **DSM-5-TR Checklist**
- Checklist of the medical criteria for autism
- Available freely online. Examples:
  - https://bhh.psychiatry.ufl.edu/wordpress/files/2024/03/DSM-5-TR-Checklist-for-ASD-fillable.pdf
  - /https://www.ohsu.edu/sites/default/files/2019-02/DSM%20V%20Checklist.pdf



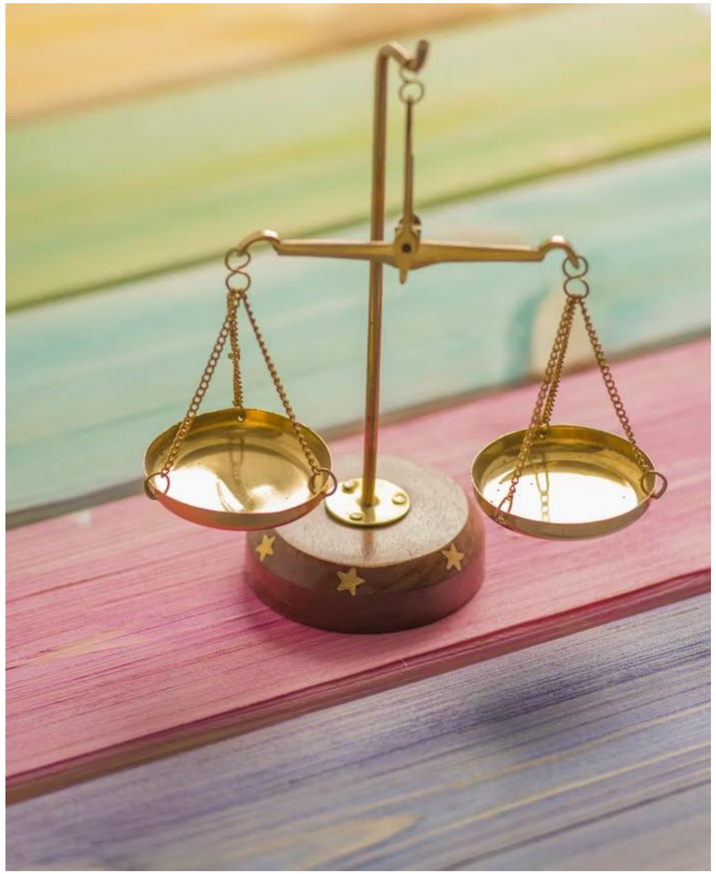
Supporting Neurodivergent Students



- Visual Supports
- Fidgets
- Consider sensory needs (e.g., lighting, temperature)
- Asking specific Qs instead of open-ended
- Teach backs
- Respecting communication preferences
- Previews/agendas
- Incorporating special interests
- Validation and active listening

Considering a Medical Evaluation

- Pediatrician/PCP as first line
- Advantages of full clinical evaluation:
  - Transition to adulthood
  - Service delivery cliff
  - Medical screening for common co-occurring conditions
  - Access to outpatient services
- Challenges:
  - Availability of clinical assessment services
  - Insurance barriers
  - Waitlists
  - Caregiver and cultural perceptions (e.g., distrust in medical system, recognition of autism



Case Example #1

Maria is a 7th grade student who often comes to you with a stomachache. You have noticed that she tends to visit during lunch or specials (e.g., PE, music). She communicates verbally and loves to talk with you about bird facts. She is always wearing a purple hoodie. When you see Maria in the hall, she is often standing quietly with a group of peers or is by herself wearing headphones. She does not have any known medical conditions or office discipline reports, and has mostly B grades, although her grades in specials are declining due to attendance and her teachers have reported that she is struggling with participating in group projects.

Do you see any potential autism-related characteristics?

What additional information would you want to know?

Case Example #2

Marcos is a 6th grade student who has a diagnosis of ADHD and a 504 Plan. He is in the general education setting but receives accommodations including extended time and access to movement breaks. He has mostly B and C grades. Marcos also has significant food allergies, so you help monitor his safety and manage his epi pen. Marcos is a very picky eater and his parents pack him the same lunch each day (plain spaghetti noodles and McDonald's chicken nuggets). If they forget his lunch or pack anything different, he becomes very upset (e.g., crying, "I hate my life."). You have noticed that Marcos usually eats lunch alone. He has a hard time with changes, and when there is a substitute teacher or class assembly, he often becomes dysregulated and needs a break from class. Marcos reported that peers sometimes make comments to him or tease him but he doesn’t know why.

Do you see any potential autism-related characteristics?

What additional information would you want to know?

Questions?

Thank You

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For more information on JFK Partners:

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