



Clinical Technical Assistance: **Autism Spectrum Disorder (ASD) Awareness**

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder that impacts how a person perceives and socializes with others. Individuals with ASD typically have difficulty with social interaction and communication. ASD, as a spectrum disorder, presents in a wide variety of type and severity of symptoms.

Prevalence

- Limited research on ASD and Substance Use Disorder (SUD) co-morbidity.
- Research has identified anywhere from 4-29% of individuals with ASD struggle with substance use.
- Individuals with ASD and substance use, tend to demonstrate more social interest than individuals with ASD who do not engage in substance use.

“Benefits” of Substance Use

- Opportunity for socialization
- Alleviation of anxiety (particularly social anxiety)
- Self-medicating without an understanding of why
- Inability to identify other ways to cure “boredom”

Treatment Considerations

- **Communication** – Be direct. Individuals with ASD have difficulty with nuances, sarcasm, metaphors and non-verbal communication.
- **Session format** - Individual sessions will likely be more impactful. Due to common characteristics of someone diagnosed with ASD (concrete thinking, inability to understand others’ perspectives), group sessions will likely not be as effective.
- **Treatment modality** – Given the limited insight individuals with ASD typically experience, Motivational Interviewing would not be as effective with this population as those without an ASD diagnosis. CBT has been identified as the treatment modality that would likely have the most success with individuals with ASD and SUD. The planning aspects of the Matrix Model (an EBT for methamphetamine use) may be effective for this population (currently no research into Matrix Model for ASD-SUD comorbidity).
- **Structure** – Maintain consistency and structure in treatment. Unpredictability can cause someone with ASD to experience significant anxiety, which would detract from SUD treatment. May be helpful to create a session agenda to establish a routine and focus attention.
- **Visuals** – When possible, provide visualizations of information being presented.
- **Repetition** – Revisit new concepts and skills until it is clear that the client has integrated the information/skill. Role-playing and end-of-session summaries can help assess a client’s understanding.
- **Eliciting information** – Ask direct questions. A client with ASD may not understand the need to voluntarily disclose information in sessions. The counselor will need to utilize direct questions more with clients with ASD than with clients who are not diagnosed with ASD.
- **Tangible reinforcement** – Utilize an incentive system to build healthier behaviors/reduce substance use.
- **What if...** - Using “what if” questions with this population will likely lead to resistance due to difficulty with abstract thinking.
- **Comorbidity** - An estimated 30-50% of individuals with ASD demonstrate ADHD symptoms.



Challenges to Recovery

- **Routine/Resistance to change** – For individuals with ASD who are dependent on consistency/routine, it may be overwhelming for them to change the structure they have developed around their substance use.
- **Concrete thinking** – This may hinder a client’s ability to understand their substance use can have positive (“it makes me feel good”) and negative (“if I don’t have it, I feel sick”) consequences concurrently. Additionally, they may have internalized the idea that they are “all bad” because using substances is “bad,” so why make a change?
- **Refusal skills** – These skills may be particularly difficult for clients with ASD due to communication challenges common in individuals diagnosed with ASD.
- **Initial benefit** – The initial substance use was likely effective in treating stress, anxiety, etc., which can lead to difficulty moving past substances as a way to cope with stressors.

Clinical Suggestions

Topic	Avoid	Try
Cravings	“Let’s talk about what happens when you’re having some cravings.”	“Can you tell me how your body feels when you want to use? Do you have an upset stomach? Do you feel like you can’t sit still?”
Triggers	“Tell me the triggers that led to your relapse.”	“Can you walk me through the day of your relapse? Where did you go? How did your body feel? What thoughts were going through your head?”
Consequences	“What were the negative effects of your substance use?”	“What is something you like to do that you haven’t been able to do because you’ve been spending so much time using?”
Treatment Planning	“So, what do you want to work on?”	“We’re going to create a treatment plan. There will be 3 different goals, and each goal will be about using substances. I think the first goal should be learning about what happens for you that makes you want to use. Are you ok with that goal?”

Additional Learning:

Isenberg, B. M., Yule, A. M., McKowen, J. W., Nowinski, L. A., Forchelli, G. A., & Wilens, T. E. (2019). Considerations for Treating Young People With Comorbid Autism Spectrum Disorder and Substance Use Disorder. *Journal of the American Academy of Child & Adolescent Psychiatry* 58 (12). <https://doi.org/10.1016/j.jaac.2019.08.467>

Kunreuther, E. (2017). *Drinking, Drug Use, and Addiction in the Autism Community*. Jessica Kingsley Publishers.