Chapter 2
Bridging the Gap: Supporting Students With Autism in Higher Education

Bryan M. Peightal
Chestnut Hill College, USA

Scott Browning
Chestnut Hill College, USA

Loren Pease
Chestnut Hill College, USA

ABSTRACT

This chapter intends to examine the difficulties that young adult individuals on the autism spectrum face when transitioning to college and how institutions of higher learning can better facilitate the process. In the first part of the chapter, the authors review autism from a neurological angle. Then, they discuss general problems that emerge when counseling those on the spectrum, including academic-related obstacles and systemic challenges. The chapter continues by focusing on the decisions that individuals with ASD and their parents must make when thinking about pursuing a college education. Finally, they explore specific issues that institutions of postsecondary education need to address if they intend to label themselves as "autism-friendly" settings.

DIAGNOSTIC HISTORY AND CURRENT NEUROLOGICAL RESEARCH

Autism was first described in a 1943 case report by psychiatrist, Leo Kanner, as a disorder resulting in children's "inability to relate themselves," to other people, or to their environment (Kanner, 1943, p. 242). In the early days, it was considered part of childhood schizophrenia and thought to be the result of parenting deficits. It was first introduced as a disorder distinct from childhood schizophrenia in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition (DSM-III). Today, the DSM-5

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classifies autism spectrum disorders (ASD) as deficits in social communication skills, and restricted and repetitive behaviors and interests (American Psychiatric Association, 2013). The prevalence of ASD has increased substantially, likely aided by increased awareness, diagnostic changes, and the recognition of need for services in more countries (Deisher & Doan, 2015; Fombonne, 2005). However, the increased likelihood could also be due to how the diagnosis is being made regarding different environmental factors, such as race, ethnicity, and socioeconomic status. The Centers for Disease Control and Prevention (2020) estimated that approximately one in 54 eight-year-old children have an autism spectrum disorder.

Presently, the exact etiology of ASD is unknown with research pointing to various genetic and environmental influences (Deisher & Doan, 2015; Lyall, Schmidt, & Hertz-Picciotto, 2014). Narrowing down a specific mechanism for ASD has posed a challenge because of the wide variability in genetic markers and presentation. One theory is that there is disrupted cortical connectivity in ASD youth (Kana, Uddin, Kenet, Chugani & Müller, 2014). This theory refers to both an underconnectivity and overconnectivity between brain regions resulting in under and over stimulation, respectively. There may also be a link between increased paternal age and ASD (Nevalainen, Kananen, Marttila, Jylhävä, Jylhä, Hervonen, & Hurme, 2016; Vierck & Silverman, 2014; Alter et al., 2011). It appears that gene expression is altered with increased paternal age, which can manifest as ASD or other neurodevelopmental disorders. Finally, there is also evidence that exposure to certain teratogens, such as alcohol, during the prenatal period has been linked to ASD (Dufour-Rainfray, Vourc'H, Tourlet, Guilloteau, Chalon & Andres, 2011). This is by no means an exhaustive list of potential biological and developmental factors related to ASD, but rather, it is meant to offer a sense of the complexity that is involved in the etiology of the diagnosis. Currently, the exact biological and developmental underpinnings of ASD are still being determined.

COUNSELING CLIENTS ON THE SPECTRUM

Beginning a therapeutic relationship with a client with ASD can require more initial groundwork than with a neurotypical individual. The counselor may need to review the expectations and roles of therapy in order to establish a good working relationship that is mutually beneficial for both client and counselor (Paxton & Estay, 2007). Modifications such as shorter sessions and written diagrams can help reinforce concepts without becoming overwhelming for the client. Behavioral therapies have been found to be particularly beneficial for these clients given their proclivity for restricted behaviors at the expense of other essential activities. As a result, behavioral rating scales have been created specifically for clients on the spectrum in order to assess for potential emotional stress. The Stress Survey Schedule for Persons with Autism and Other Developmental Disabilities asks the client to rate the level of stress he or she experiences during various scenarios, such as having personal objects out of order and being interrupted while engaging in a ritual (Groden, Diller, Bausman, Velicer, Norman, & Cautela, 2001). This tool can be used to tailor treatment to address the client's specific stressors, as well as be re-administered to track progress over time. Tracking changes is also imperative such that the counselor remains attuned to the changing needs of the client and can modify treatment in order to provide individualized compassionate care.

In counseling, the therapist may also become aware of challenges that individuals on the spectrum experience which can contribute to academic difficulties. These children and adolescents often struggle with cognitive shifting, directed attention, and knowing how to ask for help. Therapy can therefore also serve as a training environment for developing skills to apply within the school environment. Therapists may need to teach these skills more concretely in the beginning through psychoeducation, and gradu-

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