

Socially Awkward? The Nuances of Assessment and Treatment with ADHD and Autism

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Abstract:

- There is an overlap between symptomatology in ADHD and Autism, both within the DSM 5 as well as within the scope of practice and treatment. In addition to the behaviors and characteristics described in the diagnostic criteria, individuals with these two diagnoses have additional struggles with social relationships and interactions. Youth and adults with these diagnoses struggle with social skills, mirroring behaviors, and attentiveness with activities in daily life (Mikami, Smit, & Khalis, 2017; Storebo et al., 2019; Wolstencroft et al, 2018). In this presentation, participants will explore the non-diagnostic nuances of these disorders, how to access for each, how to differentiate similarity, and how symptoms may impact treatment.

Learning Objectives

1

1. Participants will learn characteristic behaviors that persons who meet the criteria for ADHD may present with that impede their ability to understand and demonstrate good social interactions.

2

2. Participants will learn characteristic behaviors that persons who meet the criteria for Autism may present with that impede their ability to understand and demonstrate good social interactions.

3

3. Participants will practice diagnostic questioning techniques to discern the presence of social impediments and be able to formulate treatment plans to utilize in their practice.

Overview

- Review ADHD and Autism diagnostic criteria
- Differentiate differences and nuances between the two in social functioning
- Describe emotional intelligence as a factor in both diagnoses
- Large group activity/discussion
- The role of Executive Functioning
- Co-occurring ADHD and autism
- Treatment implications
- Small group activity



DSM 5 Review

ADHD
314.00/
314.01

- **Inattention:** Six (or more) symptoms for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
 - careless mistakes in schoolwork, misses details
 - Inattention to tasks
 - Does not seem to listen
 - Fails to finish tasks
 - Difficulty organizing tasks and activities
 - Avoids or reluctant to engage in tasks and activities
 - Loses necessary items
 - Easily distracted
 - Forgetful
- **Note:** The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least **five** symptoms are required.

ADHD
314.00/
314.01

- **Hyperactivity and impulsivity:** Six (or more) symptoms for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
 - Fidgets, taps hands or feet, squirms in seat
 - Often leaves seat
 - Often runs about or climbs
 - Unable to engage in activities quietly
 - Often “on the go” / unable to or uncomfortable sitting still
 - Often talks excessively
 - Often blurts out answers or unable to take turns in conversation
 - Has difficulty waiting their turn
 - Often interrupts or intrudes on others
- **Note:** The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least **five** symptoms are required



ADHD

- Symptoms before 12 years of age**
- Present in 2 settings
- Symptoms interfere with functioning
- Rule out psychosis, mood, anxiety, substance , dissociative and personality disorder



Autism Spectrum Disorder

- Autism symptoms often manifest early in a child's life
- Social/ emotional reciprocity
- Play
- Lack of interest in relationships
 - Some may be interested; Attachment may be good
- Delayed language development

Autism Spectrum Disorder

<https://www.cdc.gov/ncbddd/actearly/autism/case-modules/pdf/diagnosis/DSM-5-ASD-Checklist.pdf>

What are the most important themes or characteristics of this diagnosis?

Autism Continued...

Rule out

Rule out hearing impairments, visual deficiencies

Lifespan

Autism is not degenerative: learning and progress can continue through the lifespan

Odd

Odd and repetitive behaviors can be difficult to distinguish as problematic

- Type
- Frequency
- Intensity

Autism Spectrum Disorder (continued)

- Recording procedures (page 51)
- “Severity should be recorded as level of support needed for each of the 2 psychosocial domains”
 - Social communication
 - Restricted repetitive behaviors
 - Table on page 52
- Level 3 requiring very substantial support
- Level 2 requiring substantial support
- Level 1 requiring support

What do they have in common (overlap)

ADHD

- Sensory
- Distractibility
- Poor emotion recognition*
 - In self and in others
- Issues with executive functioning & emotion regulation
- Motor movements
- Hyper-focusing
- Social Skills deficits (why? Next slide)

Autism

- Sensory
- Poor emotion recognition
 - In self and in others
- Issues with executive functioning and emotion regulation
- Social skills deficits (why?)
- Motor movements
- Hyper-focusing
- Social Skills deficits (why? Next slide)

How does this impact social skills?

ADHD (depends on the type)

- Not paying attention to non-verbal behaviors (can misread)
- Unable to delay impulse to react (which increases perception errors)
- Emotion regulation
 - Due to lack of impulse control or increased emotional response to social/ interaction errors
 - May shut down/ disengage when that is not their preference
- Executive functioning—not following through or struggling to plan what to say when upset
- Sensory overload impacts connections with others

Autism

- Not able to decipher non-verbal behaviors or *tone* due to neurological issues or sensory issues
- Executive functioning—not following through or struggling to plan what to say when upset
- Sensory overload impacts connection with others
- Delays in response lead to others moving on in interactions
- Expressive language difficulties
- Challenges with receptive language (inferences, metaphors, black/white thinking)



Carly—group activity

- <https://www.youtube.com/watch?v=KmDGvquzn2k>
- What symptoms do you see Carly experiencing? Be specific.
- How do this tie into our discussion (thus far)?

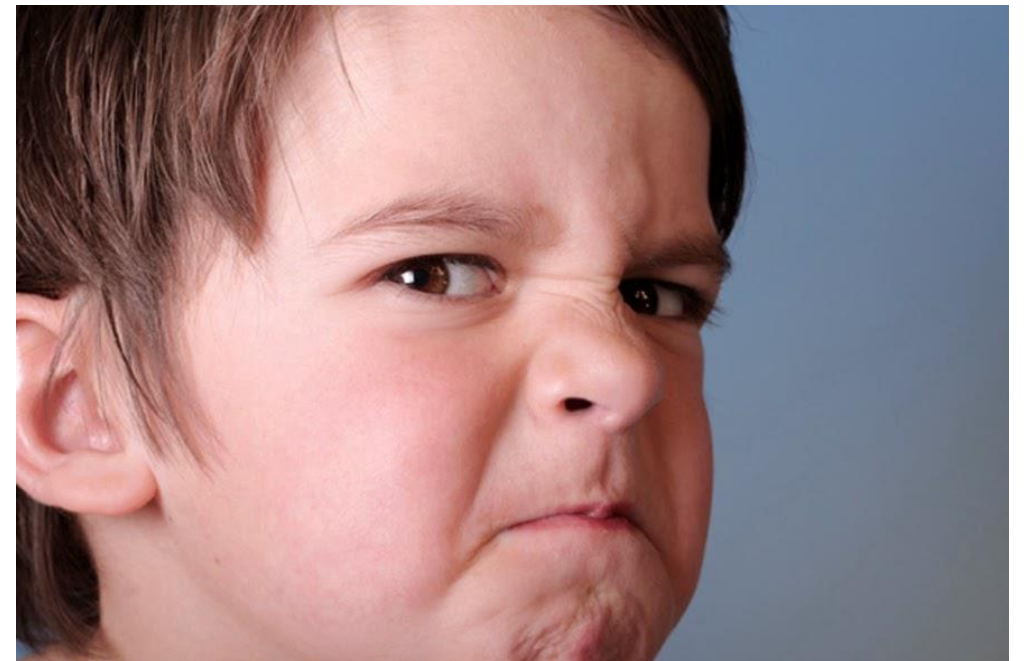


Emotional intelligence

- Emotional intelligence is **the ability to understand, use, and manage your own emotions in positive ways to relieve stress, communicate effectively, empathize with others, overcome challenges and defuse conflict.**
- **emotional intelligence** is related to social outcomes and has been shown to improve with training (at any age)

Five categories:

- Internal motivation
- Self-regulation
- Self awareness
- Empathy
- Social awareness





EI learning needs to include two models:
they are independent & offer complementary information

- The **ability based emotional intelligence (AEI)** model focuses on what the individual **knows** to do in a specific situation regardless of what action is taken (cognitive)
- The **trait focused emotional intelligence (TEI)** model is based on what individuals would **actually do** in a situation and whether they would use their knowledge in everyday social situations (personality)

ADHD & EI

- ADHD adults exhibit deficits in emotion recognition, regulation & expression (Quintero et al 2020)
- The ADHD group performed significantly better than the control group on managing emotions, but significantly lower on understanding emotions (Climie et al 2019)
- Acquired emotional intelligence skills appear to have nearly unlimited potential for growth throughout an individual's lifetime (Lukenotes fall 2019)



- Children with ADHD are knowledgeable regarding a number of aspects of ability based emotional intelligence, but they scored significantly lower on interpersonal and adaptability scales

Autism Spectrum Disorder & EI

- Young adults with Asperger syndrome have demonstrated scores similar to the normative population for ability emotional intelligence (AEI) , but significantly poorer scores on trait emotional intelligence (TEI), suggesting that adults with AS have intact knowledge about how to reason through emotionally based scenarios when provided with ample time to process information and evaluate options yet feel that their real-life performance situations is poor (TEI), (Boily et al 2017)
 - AS folks can “get stuck” on a nuance of the interaction & struggle to continue the engagement
-
- Young adults with autism spectrum disorder demonstrated significantly lower overall trait emotional intelligence, interpersonal skills, and stress management.
 - Adolescents with autism spectrum disorder displayed poor performance on total emotional intelligence, understanding emotions and managing emotions
 - These results also suggest that improvement in the knowledge-based aspects of emotional intelligence does not directly translate to improvements in performance (Boily et al 2017)

Autism continued

- Individuals with autism spectrum disorder may benefit from interventions that address all areas of trait emotional intelligence (TEI) with a particular focus on interpersonal and stress management skills.
- Naturalistic interventions such as role play and modeling can be used in schools to promote the development of emotional intelligence skills within everyday contexts, to promote more accurate self perceptions of skills, and increase the likelihood of generalization of EI skills in clients with autism spectrum disorder

- ability emotional intelligence (AEI) is a protective factor for both suicidal ideations and suicide attempts
- low levels of ability emotional intelligence is related to loneliness over time (Boily et al 2017)



The Role of Executive functioning

- There is no universal definition/ agreement of what constitutes executive functioning
- Deficits include:
 - Difficulties with problem solving
 - Problem solving is impacted by emotional states and by awareness/ regulations of emotions
 - Attentional process serve as a foundation for executive functions, emotional regulation and learning



CREDIT: [HTTP://COGX.INFO](http://COGX.INFO) (DR.BROWN)

ORGANIZE, PRIORITIZE,
ACTIVATE WORK

MONITOR AND
SELF-REGULATE ACTIONS

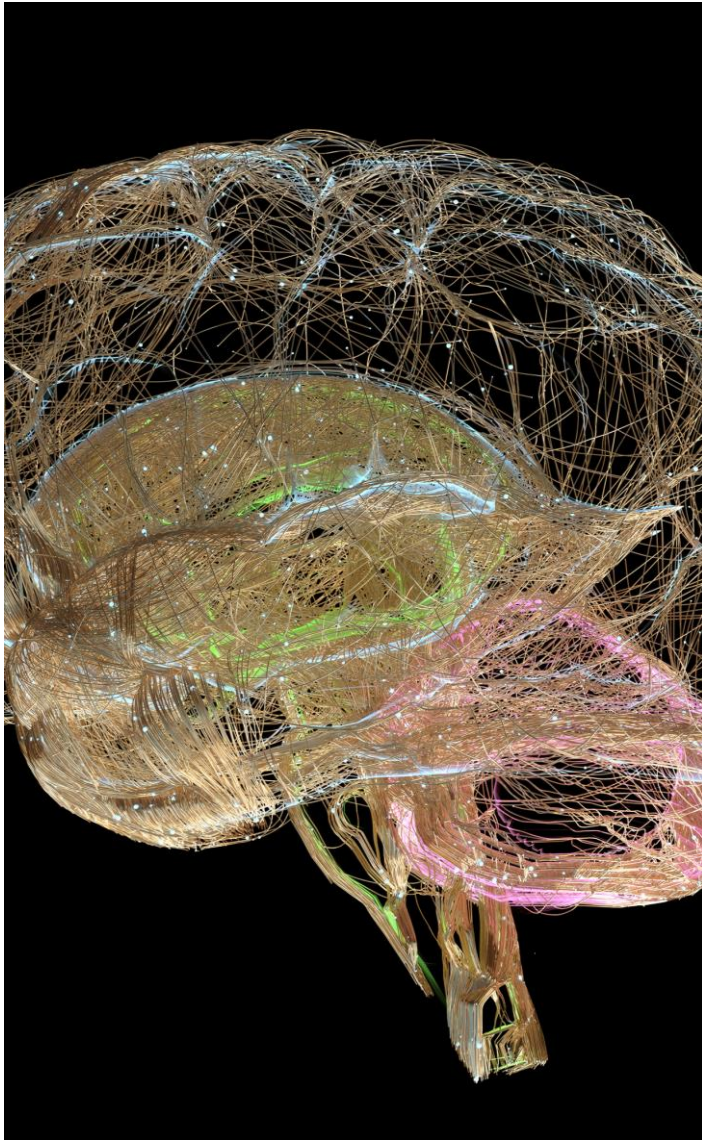
UTILIZE WORKING
MEMORY & SHORT TERM
RECALL

MANAGE FRUSTRATIONS
AND MODULATE
EMOTIONS

REGULATE ALERTNESS,
SUSTAIN EFFORT AND
SPEED

FOCUS, SUSTAIN AND
ABILITY TO SHIFT TASK
ATTENTION

The Tantrum—Executive functioning & the amygdala



- ADHD and Autism can also involve tantrums—eerily like one another.
- This has to do with emotion regulation and whole-brain integration.
- Is this an upstairs tantrum (purposeful using thought b/c they didn't get their way) or a downstairs tantrum?
 - Use of EI self awareness & self regulation management domains
- Upstairs: set boundaries, consequences, discussion (parenting strategy—your choice!)
- Downstairs: brain not integrated—amygdala. How do you disrupt this?
 - Sensory seeking vs sensory avoidant (will a hug help or hurt?)
 - Surprise the amygdala—midnight walk?
- How do tantrums impact social settings (e.g., school, church, etc. and how can you intervene?)
 - Connection between EI & social awareness/ relationship management

Treatment

ADHD

- Medication
- Emotion regulation strategies (e.g., play therapy, CBT, “Stop, think, act”)
- Practice, practice, practice (repetition is the best form of learning and generalization with ADHD)
- Positive reinforcement
- Structure to create safety
- Minimize/address sensory issues (take away distractibility)
- Address executive functioning and planning (plan ahead for social situations or jobs/responsibilities)
 - Role play /role play more like in vivo –faster?
- Be strategic in activities (sports vs arts class vs gaming camp vs school dance—pros and cons of each)
- Reasonable expectations

Autism

- Social stories/peer modeling (WITH SUPPORT in generalization)
- Inference/idiom/metaphor practice
- Applied Behavioral Analysis
- Practice reciprocity
- Positive reinforcement
- Structure to create safety
- Minimize/address sensory issues (take away fear response)
- Be strategic in activities (support in a non-threatening way)
- Remember that with ASD, youth are not always indifferent to social situations and may seek it out.*
- Emotion regulation strategies (help right brain connect with left brain)
 - Role play situations

Mobile apps to improve emotional intelligence

- Just-in-time In-Situ
- Hands
- Wrong planet
- Project @ emociones
- Life is game
- Capture my emotion
- LIFEisGAME
- CaptureMyEmotion
- FaceFetch
- Beyond Touch
- What's the Expression - All Ages
- Touch and Learn - Emotions
- Emotions and Feelings Social Story
- Autimo-Discover Emotions
- Let's Learn Emotions PRO
- LOOK AT Me
 - Patoutsi & Drigas, 2018



- Can you CopyMe
- Video Modeling Imitation Training
- Emotion Mirror
- iPad play story
- Emo Train
- Autisay
- EducateMe
- Zirkus Empathico
- GameBook
- My Drama
- Autism emotion
- Between the Lines
- Emotions 2 from I Can Do Apps
- Learn With Rufus: Feelings and Emotions
- Discovering Emotions with Zeely

Social stories/ Social skills

Aimed at early readers



Social stories/ Social skills

Aimed at older youth or
more proficient readers



CBT and other strategies

- Brain integration is disrupted in both ADHD and Autism. How can we help with this?
 - Name it to tame it
 - Mirror neurons (mirroring)
 - Reactivity vs receptivity for relationships (example)
 - Move it or lose it

Other ideas/suggestions?



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