Bridging the Gap Between Counselors and Children Diagnosed with Autism Spectrum Disorder

Many clinicians will agree that it is a challenge to identify the perfect therapeutic approach to effectively work with a child diagnosed with autism. As many parents and clinicians know, the autism spectrum is immense and no child with autism is like the next. Autism Spectrum disorder (ASD) is an array of "psychological conditions characterized by widespread abnormalities of social interactions and communication, as well as severely restricted interests and highly repetitive behavior" (Fauzan, 2010, p. 115). Working around the child's behaviors, IQ, verbal capabilities, sensory needs, individualized attention span (the list could go on), is the beauty and sometimes the frustration for parents, siblings, teachers, and clinicians alike. Thus, this article is not meant to be the answer to counseling a client with autism, but a means to offer some supportive techniques that can help to foster the therapeutic relationship between the counselor and the client.

This is an important topic for the counseling profession because: there is still much to learn when it comes to this population and their special needs and because effective therapy can help children on the autism spectrum make significant progress, including comprehending their emotions that previously they were unable to express or relate.

Step One: Focus on the Child's Needs

In the first step, it is important that counselors assess the child's needs and create a treatment plan that is unique to the child's stage of development. To achieve this aim, there are several aspects counselors need to consider before engaging the client in the

therapeutic process. For example, is the child verbal, does the child display behaviors (i.e., restricted repetitive and stereotyped patterns of behavior, interests, and activities) and what are their triggers (i.e., environmental stimuli that induce behaviors). To receive this information, it is extremely important to involve the parents or caretakers. They will be your main source of knowledge regarding what behaviors you may come across and what may trigger these behaviors. For example, something as minimal as the room being too warm may induce sensory issues for the client. Parents will be able to give you all the information you need, so do not be afraid to ask. Also, observing the child in their own environment at home or in school could be telling for how the counselor can work with the client in session. Even if a child is verbal, having a visual schedule (i.e., written schedule or pictures relating to the desired task) can provide consistency and work around anxieties. Because information processing is usually delayed, consistently throughout the session, refer back to the schedule and run down what is left, and this can relieve anxieties and the unknown for the child.

Step Two: Establish a Relationship and Implement a Plan

It is important to understand the relationship will not always come easy. Gaining trust can be particularly difficult with this population because of their own innate incapability to not seek out relationships. So what does a clinician do? First, it is important to focus on the small gains. It will be frustrating at times, but the little successes are the ones that count. As a clinician working with this population, working alongside the family to get input and feedback is also important. For example, incorporating the family is imperative in regards to what the child likes and dislikes and what behaviors might be present during therapy. Finding out what the client needs or

enjoys, and using this throughout the therapy session will be helpful (i.e., utilizing this as reinforcement to foster conversation pertaining to the goals and objectives).

What can generate conversation? Studies have shown the effectiveness of expressive therapies (e.g., music, art, and play) in creating a therapeutic environment for the child. Using media resources (e.g., videos and pictures) fosters conversation and also gets the child engrossed in the process. For example, asking the child to show you their "sad face" helps them identify the emotion and seeing it on their own face helps the connection between when they are happy and when they are feeling sad. Visuals can also be helpful when the child is feeling something but cannot verbalize it; they can reference a picture and show it to you, so you are aware of how they are feeling. It is also important to reiterate what the child is feeling and normalize it. Many times there is a block between how they feel and how they express it, so bridging this gap, validating the experience, and explaining what the emotion means is so important in the therapeutic growth. For example in working with a male client, a counselor may say something like…, "When Michael is feeling sad, you look like this (pull out picture). It's ok to feel this way now."

Step Three: Maintain Momentum

To combat behaviors and foster therapeutic growth, having a structured, time limited schedule is important. Sometimes the child can become over-stimulated which may lead to behaviors or obvious disregard for the counselor. If the child is able, develop rules and schedule together whether it is written or through a visual schedule; so the child knows what is coming next and does not become overwhelmed. For example, for rules: a) safe hands and feet (i.e., keep hands in lap and feet to yourself), b) appropriate voice (i.e.,

having an “inside voice” when speaking to the counselor), c) be respectful (i.e., we are nice to our friends), and d) using property appropriately (i.e., markers are used to color with on paper, not body). Obviously tailor rules to child’s specific behavior and needs, but this will overall make sessions consistent and structured.

In addition to including the child in the treatment plan, it is important to encourage positive behavior. Having the child “work for” something at the end of the session will also motivate the child to stay on task and get through their schedule for therapy. For example, “first drawing, then _____” (what the child is working for). This reiterates you are acknowledging they are staying on schedule, helping them transition from one task to the next, and it keeps the session structured. Another helpful technique is having a token economy for when the child is displaying positive behavior and staying on task; positively reinforcing this through a select number of tokens also acknowledges you are aware of their good behavior and are still working for the desired outcome. It is significant to be aware of what your office looks like so it is not too stimulating for the child. Having this visual stimulation may inhibit therapy and be harder for the child to focus on the task at hand.

As competent counselors, we must be aware of how to work with an individual’s needs to further the therapy process. Having these techniques to turn to when working with a child on the autism spectrum will be helpful. Having a close relationship with the family is huge and knowing what triggers the child’s behaviors and/or self-stimulation (i.e., repetitive movements, fixation on certain objects, and scripting) is important to be aware of so the counseling process does not become “stuck” between the counselor and client. In addition, counseling a child with autism will require clinicians to be creative.

As stated before, no child on the autism spectrum is alike, so what may work for one client, may not work for the next. Knowing what the child likes and can relate to when it comes to their feelings and emotions should be the first step for clinicians to figure out. Overall, having a consistent schedule, utilizing media resources, using expressive therapies, constantly using positive reinforcement, and always validating the presenting emotions is significant for this specific population. It will be a huge feat for the counselor when a child finally identifies their emotions during the therapy session, because, as stated before, it is the client's innate cognitive inability to relate to others or outwardly express emotions- you should give yourself a pat on the back once you have reached this goal.

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My experiences include working in a residential treatment setting for children with ASD and teaching at a school for Autism. Both of these roles focus on working with the child's abilities and fostering growth emotionally and socially. I have seen first-hand what therapeutic change looks like with a child with autism, and I only feel it is necessary to pass on the my clinical knowledge (based on experience and research) and the information that I have gained from interactions with colleagues.

**I would like to specifically thank the counselors who guided me through the process and standpoint they take when it comes to counseling this population. It was and eye-opening and rewarding experience learning this new counseling style, and I have them to thank for it.*

Reference:

Fauzan, N. (2010). The theory of mind deficit in autism spectrum disorder children and social engagement in addressing their needs. *The International Journal of Science and Sociology, 1*(4), 115-125.