# Transitioning to College
## Issues for Students With an Autism Spectrum Disorder

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ndividuals with an autism spectrum disorder (ASD) have difficulty making transitions and changes and adapting to situations that are unfamiliar or different.[1–3] Because young adults with high functioning autism (HFA) and Asperger syndrome (AS) typically have an average or above average IQ,[4] parents of these students often identify attending college as a goal.[5] In fact, 46% of the 14,637 individuals with autism studied as part of a post–high school outcomes study for individuals with disabilities enrolled in some form of postsecondary schooling.[6]

The unique transition issues for people with an ASD, however, make attending a university, living in a dormitory, and successfully participating in a college community challenging, and sometimes impossible, without support.[7] Although research does suggest that with appropriate training, support,

and accommodations individuals with HFA or AS can succeed in a university environment,[8–10] more information is needed as to what specific issues need to be addressed. Perceptions of social difficulties in adults with an ASD have been investigated qualitatively,[11] general issues of individuals with HFA or AS in college have been identified,[10,12] and the need for university support services has been advocated.[7,13] However, more information is needed for specific support plans to be developed and implemented, and occupational therapy is in a prime position to be involved in this process. From our foundations in a client-centered approach, the perceptions of individuals with HFA or AS need to be investigated, as well peripheral stakeholders (i.e., academic advisors/mentors, professors, residential life staff, and parents if the student deems

appropriate) in order to assure that all team members are on the same page as they begin the process of identifying necessary supports.

## THE RESEARCH PROJECT

As part of an ongoing line of faculty research at Quinnipiac University, one facet of a student's capstone project aimed to identify the situations occurring in the university environment that students with an ASD, as well as their parents and the professionals who support them, perceive as stressful or difficult. As highlighted below, it was deemed important by the researchers to investigate both level of difficulty and level of stress associated with each task. This investigation occurred via an online survey using a four-point Likert scale to rate 68 different situations related to the transition from high school to college, social and communication skills, leisure interests, independent living, atypical sensory responses, academics, disclosure of disability, self-advocacy, and finding supports through the university and community.

Of the 94 respondents, only 51 completed all questions in the online survey. Subsequently, only those respondents' results are summarized in this article. Students with ASD, parents, professors, therapists, and professionals working at a university are represented in the sample. Other respondents were four former students, two students who had withdrawn from college, and one peer mentor for students with an ASD. Student respondents ranged in age from 18 to more than 25 years. Of the professionals completing the survey, 27% indicated that they were currently

**Figure 1. Most Stressful Situations Reported by Students and Parents/Professionals**
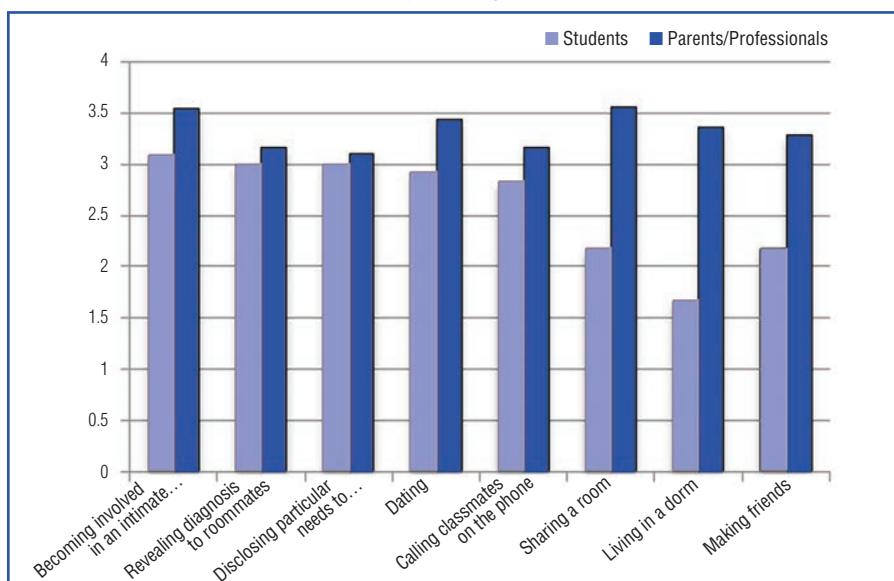
working with more than 10 individuals with ASD at the university level.

## RESULTS AND DISCUSSION

Two questions aimed to elicit perspectives of students with an ASD concerning stressful college situations. The students identified the most stressful situations as becoming involved in intimate relationships, revealing their diagnosis to roommates, disclosing particular needs to classmates, dating, and calling classmates on the phone. Parents and professionals also identified becoming involved in an intimate relationship and dating as stressful for these students, in addition to sharing a room, living in a dorm, and making friends (see Figure 1 on p. 7).

Two questions elicited information regarding the difficulty of each of the 68 situations. Students identified the most difficult situations as becoming involved in an intimate relationship, fire drills late at night, revealing their diagnosis to roommates, calling classmates on the phone, and dating. Parents and professionals identified two of the same situations as being most difficult, becoming involved in an intimate relationship and dating. In addition, parent/professionals rated making friends, understanding nonverbal communication, and finding a group to work with for assignment and projects as highly difficult. Figure 2 depicts the students' responses as compared to the parent/professional responses regarding the situations rated as most difficult.

It is interesting to note the situations that parents and professionals rate as more stressful or difficult than the students themselves. All but two of the top ten situations in each category were rated more difficult or stressful by the parent/professional group. In fact, of the 68 situations listed in the survey, only four were identified by the student as more difficult than the parent/professional group (i.e., fire drills late at night, using campus transportation, navigating the campus, revealing diagnosis to classmates). Additionally, no items were deemed more stressful by the student than by the parent/professional groups. Although this issue would need to be further investigated, the findings may suggest that parents and professionals are more aware of the student's difficulties in specific areas; they have higher expectations of the

### Figure 2. Most Difficult Situations Reported by Students and Parents/Professionals
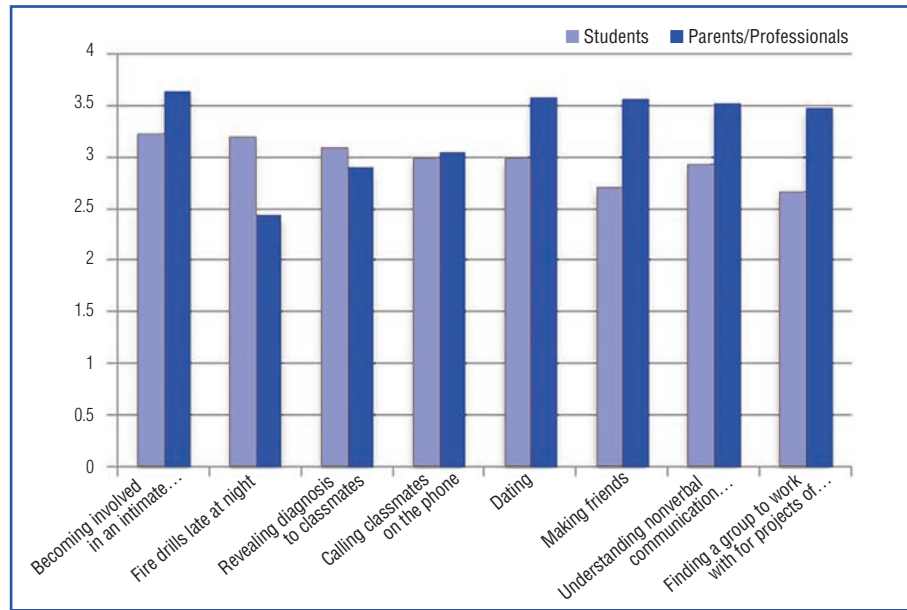


student's achievements or participation; or they have a greater understanding of the issues facing the student, through experiencing them while in college or working in that environment. Regardless of the reasons, the data indicate that the entire team needs to fully discuss the presenting and potential issues so that appropriate supports can be developed. This discussion should identify the actual client—the university staff, who are being paid to help the student achieve; the parents, who are paying for the education; or the student, based on his or her desire for participation and skill mastery. In reality, each of these persons is the client and they may have competing ideas on what supports are needed or wanted.

When developing the plan of support, the team should consider situations identified as not difficult but stressful, and as difficult but not stressful. For example, some students identified "getting to class on time" as easy to master, but stressful. Likewise, some students identified "initiating conversations with other students," as difficult but not stressful. These subtleties are important when determining whether a student needs logistical training to master a skill, the psychosocial support to manage the associated stress level, or both. Teaching the skill is a much easier endeavor and typically includes early exposure, skill training, repeated practice, and outcome assessment, whereas the supports for stress

may be ongoing and require assistance both within and outside of the university system.

There are many difficult and stressful situations that students with an ASD experience on the college campus in the areas of transition, social and communication situations, sensory needs, independent living skills, academic tasks (related to the social and communication skills required to meet complete those tasks), and self-advocacy and disclosure. A full listing of the responses to the 68 situations presented can be found in the OT Practice Magazine Forum on OT Connections (http://otconnections.aota.org/forums/1261.aspx).

## SUMMARY

Although it has become clear that individuals with HFA and AS are cognitively equipped to attend college, the specific contextual supports deemed helpful have not been fully identified. Our profession is uniquely qualified to support individuals with HFA and AS in this new context based on our occupational therapy roots in functional participation, ability to task analyze, client-centered approach, and our knowledge base on the interaction between the person, the environment and context, and the task or activity. ∎

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## PRACTICE PERKS

# OT Services in Early Intervention and School-Based Practice

### Cherylin Lew

**Q** How do I clarify how school-based occupational therapy services are provided in an educational context for school administrators?

**A** The focus of school-based occupational therapy services is to improve access to the educational curriculum to further academic achievement and full participation in school and learning.

For example, an occupational therapist may receive a referral for a student with cerebral palsy who has difficulty eating. During an observation, the student exhibits signs of swallowing difficulties. An individualized education program may include intervention by the occupational therapist to ensure that the student is able to eat lunch, which is a necessary activity for him or her to participate in school. In another example, a school-based occupational therapist may receive a referral for a 3rd grade student in a regular classroom who is having difficulty with language arts, particularly reading and writing. The therapist will complete an assessment to determine the client factors that are impeding the student's full access to the curriculum, and identify needs that could be addressed through school-based occupational therapy intervention. These interventions may include needed accommodations, modifications, and strategies to access the general curriculum and other educational supports for behavior skills, social skills, or skills needed for activities of daily living.[1]

The American Occupational Therapy Association statement, *Occupational Therapy Services in Early Intervention and School-Based Practice,*[1] can help clarify the role of occupational therapy services for early intervention, school-based consumers, and administrators. It was written for external audiences and it highlights the occupational therapy process, including evaluation and service provision. Services under the Individuals with Disabilities Education Improvement Act (IDEA) Part C,[2] IDEA Part B,[2] and Section 504 of the Rehabilitation Act[3] are described, including occupational therapists' collaborative role with families and other school personnel.

The *Occupational Therapy Services in Early Intervention and School-Based Practice* statement is being revised by AOTA's Commission on Practice as part of its 5-year cycle. Some of the revisions may include updating language and information based on updates of other official documents (e.g., *Occupational Therapy Practice Framework: Domain and Process, 2nd Edition*[4]); updating evidence that informs and guides practice; strengthening case examples; and addressing any changes mandated through IDEA, including response to intervention, early intervening services, and transition services from early childhood to school age and school age to adult. ∎

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