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Diagnosing Autism in Adults

by Tasha Dorsey, Psy.D.

Autism or Autism Spectrum Disorder (ASD) is a term increasingly heard in the news and other public forums. The Centers for Disease Control and Prevention has identified a notable increase in the number of ASD diagnoses, from 1 in 150 children in 2000 to 1 in 68 children by 2012. The increase likely is not due to more cases, but instead to an expanded definition and greater awareness among clinicians.

More recently, attention has shifted to diagnosing and treating adults with autism. While the prevalence of autism is not high, the effects of this disorder

An adult with autism may struggle to pick up on social cues and to express feelings.

can be broad and at times limiting. Adults with autism often experience additional challenges such as depression, ADHD or medical conditions such as epilepsy.

Understanding Autism

Autism is a neurodevelopmental disorder that involves impairment in the

brain and/or nervous system. Symptoms must be present in childhood; they remain present throughout adolescence and adulthood.

The three core areas of difficulty for someone who has autism are communication, social interaction and repetitiveness.

A person may have few to no facial expressions or poor eye contact during social interaction, and may struggle to pick up on social cues and to express feelings. She may engage in one-sided conversations and unintentionally ask embarrassing questions or point out others' mistakes.

Another characteristic is a strong focus on details. Someone with more profound autism may engage in repetitive behaviors such as rocking back and forth or repeating a certain phrase. A person with ASD also may show signs of rigidity; for example, insisting on a very specific schedule or being overly fixated on a specific hobby or pastime.

The severity of the impairment varies, with people occasionally referred to as high or low functioning. For example, Asperger's is a term formally used to describe a high functioning form of autism. These individuals tend to have less difficulty with communication and intellectual ability, but often feel awkward and uncomfortable interacting with others and expressing emotion.

Diagnosis

Given the complexity of the condition and how it may mimic other diagnoses, a professional assessment is important to help guide treatment. Diagnosing autism typically includes interviews, observation and testing. In 2015, researchers at the Wales Autism Research Centre at Cardiff University published a self-report measure that identifies repetitive behaviors associated with autism. Saint Luke Institute uses similar instruments as part of its evaluation. This allows an individual to self-report symptoms or traits characteristic of autism spectrum disorder.

For many individuals, a diagnosis later in life can be a relief. They may have had a chronic sense of being different and a discomfort relating to others, but without knowing the true cause. In many instances, these individuals have struggled throughout life academically and socially and may have been diagnosed – or misdiagnosed – with ADHD, learning disorders or mood disorders.

Treatment Approach

Therapy is guided by the severity of autism (where a person is “on the spectrum”) and whether a person has depression or other challenges. Someone with mild autism and no associated depres-

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Case Study Sister Monica

by Tasha Dorsey, Psy.D.

Sister Monica received a message from her superior, asking her to meet later in the day about something that was very important.

Immediately, Sr. Monica began to feel anxious. She had a good relationship with Sr. Mary. She found her compassionate, but she could tell by the tone of her voice that the meeting was serious.

Sr. Monica finished up her paperwork at the parish and headed to her house where she could retreat to her room.

She thought about having a drink before the meeting to calm her nerves, but knew that this was not a good idea. However bad it was, things would be worse if Sr. Mary smelled alcohol on her breath.

This was the first time anyone had suggested autism.

Once home, she politely said hello to the other sisters before heading upstairs. Sr. Monica had learned it was far easier to say something polite quickly rather than not say anything at all. As a child, not responding had earned a good deal of teasing. In her room, she lay down and tried to relax, though unsuccessfully.

The Meeting

Later that afternoon, Sr. Monica nervously walked into the meeting with Sr. Mary, who jumped right into the issues. A number of people had reported concerns about Sr. Monica. The pastor, Father John, complained about



her chronically tardy paperwork. He reported that when he raised the issue, sometimes angrily, she simply stared at him blankly.

The sisters she lived with said she rarely spent time with them, refusing invitations to dinner, movies, and even skipping out on meetings, household duties and communal prayer. They had expressed concern that they sometimes smelled alcohol on her, as well. Sr. Mary asked Sr. Monica directly what was happening and if she was all right.

Sr. Monica shared that the past several months had been very hard. She had no friends in community, felt awkward and was overwhelmed by tasks at work. She was trying her best to get things done and fit in, but no matter what she did, something never felt quite right and people either ignored her or became frustrated. This had happened most of her life. She had been hopeful things would be different when she took on this new ministry and living situation. As a way of coping with the anxiety, she had started drinking daily.

Finding an Answer

Sr. Mary contacted the community's

health administrator, who referred them to Saint Luke Institute.

Sr. Monica came to Saint Luke for a one-week evaluation. During one of the interviews with a therapist, she talked about her background. She did not speak until she was two years old. Even after that, it was difficult for her to communicate with others. She was relentlessly teased throughout elementary school for being so quiet, for having a hard time reading aloud and for a habit she had of rocking back and forth when she was upset.

During high school, a school psychologist suggested she had ADHD and dyslexia.

Raised in a devout Catholic family, she felt called to a religious vocation and she had come to love the sense of community and dedication she gained from religious life.

After interviews, neuropsychological testing and medical and psychiatric consultations, the evaluation team at Saint Luke diagnosed Sr. Monica with autism spectrum disorder, generalized anxiety disorder, persistent depressive

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Sister Monica, *continued*

disorder, and alcohol use disorder. This was the first time anyone had suggested autism.

Given the complexity of issues, the team recommended residential treatment. While at Saint Luke's Talitha-Life program for women, Sr. Monica learned more about ASD. She was relieved to feel that it was not that she was stupid or lazy, but that her brain simply worked differently.

In individual and group therapy, she learned how to better communicate and interact with other people. She learned to identify healthy ways of coping with stress and anxiety and, working with her

therapists, identified sources of support to help her continue to stay healthy after residential treatment.

Saint Luke's continuing care team assisted both Sr. Monica and her community with her transition back to ministry, with a re-entry workshop, support team and follow-up care. This provided Sr. Monica and the community leadership great relief.

Disclosing her Diagnosis

After discussing the issue with her therapists and support team, Sr. Monica decided to disclose her diagnosis to her community. Several members approached her to offer words of support. While there are still moments of chal-

lenge and frustration, Sr. Monica has come to see her experience as one of learning and perseverance.

She began teaching and assisting sisters at their retirement home, a better fit for her than the heavy administrative position she had at the parish. When Sr. Monica looks back, she regrets the years of not knowing. Still, she is grateful for the opportunity now to understand herself better and, with the right support, to continue living out and sharing her vocation in a meaningful way.

Tasha Dorsey, Psy.D., is a therapist for the residential program at Saint Luke Institute. To ensure confidentiality, names, identifying data and other details of treatment have been altered.

Autism, *continued*

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sion or ADHD may progress very well with a focus on skill building through individual therapy as well as group therapy to learn and practice social interaction skills. While no currently – available drugs are specifically designed to treat autism, other medications can help alleviate associated symptoms such as irritability, inattention, anxiety and depression.

Residential treatment may be particularly helpful for a religious or clergy who is experiencing these additional symptoms. At Saint Luke Institute, the person would participate in individual and group therapy. This would help her identify problems, develop healthy coping skills and navigate difficult social situations. The resident also would be supported with coordinated and ongoing medical care and psychiatric services.

Symptoms of Autism

- Few to no facial expressions and poor eye contact
- Difficulty picking up on social cues and expressing feelings
- May engage in one-sided conversations
- Strong focus on detail at the expense of the overall idea
- Tendency toward rigidity and being overly fixated on a hobby or pastime

ASD and Ministerial Life

ASD presents unique opportunities and challenges for religious life. Associated traits such as attention to detail and concrete communication may be considered strengths. Someone with autism may also find the sense of community, routine and stability of religious life helpful.

On the other hand, living in community, meeting the demands of ministry, and managing complex social relationships with subordinates, peers and superiors may pose particular diffi-

culties for someone who struggles with social interaction. Left unaddressed, withdrawal, depression and acting out may occur.

In either case, it is a process of learning not just for the individual, but also for the community. If approached in an informed and sensitive manner, a later diagnosis of ASD can be integrated into a meaningful and fulfilling life, including that of ministry.

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Father John Crossin, O.S.F.S., and Rob Furey, Ph.D., Join the Staff

Fr. John Crossin Named Director of Spiritual Formation

Reverend John Crossin, O.S.F.S., has been named the new Director of Spiritual Formation for Saint Luke Institute. He starts on July 1, 2017.

Fr. Crossin has served as executive director of the Secretariat for Ecumenical and Interreligious Affairs of the United States Conference of Catholic Bishops. He previously was executive director of the Washington Theological Consortium, and president and academic dean of De Sales School of Theology.

He also has served as superior and on the provincial council for his religious congregation.

He holds a Ph.D. in moral theology and master's degrees in psychology and theology from The Catholic University of America.

As director of spiritual formation, he will coordinate the formation team; provide spiritual assessments, individual spiritual formation integrated with client therapeutic needs, spirituality groups and spiritual exercises; and ensure sacramental and liturgical needs are met.

Robert Furey, Ph.D., Director of St. Louis Program

Our St. Louis center has a new name and director. Now the St. Luke Consultation Center, it is under the direction of Dr. Robert Furey, who has more than 20 years of experience treating clergy and religious in residential and non-residential settings.

The center specializes in intensive outpatient treatment, and offers candidate assessments, evaluations and outpatient therapy.

Learn more at stlconsult.org.

Intercultural Competencies and Human Formation

The second national Conference on Human Formation will be held April 15-18, 2018, in St. Meinrad, Ind. "Intercultural Competencies for Human Formation" will focus on addressing opportunities and challenges in evaluating and forming international priests and men and women religious for ministry in the United States. Learn more at sliconnect.org/conferences.

Honor a Priest or Religious

Honor a priest or religious who is or was important in your life with a gift to Saint Luke Institute. Your support will help us provide quality, specialized care to another priest or religious in need.

Visit sli.org/donate or call 301-422-5405. On behalf of those we serve, thank you.

Make a Life-Changing Gift

We often are asked, "How can I help support Saint Luke Institute's mission?" One way to make a lasting impact is a planned gift of securities or mutual funds.

Through your securities or mutual funds you can support our ministry while realizing important benefits for yourself. When you donate appreciated securities or mutual funds you have held for more than one year to us in support of our mission, you can eliminate federal capital gains taxes on the transfer. You are also entitled to a federal income tax charitable deduction based on the fair market value of the securities at the time of the transfer.

Making a gift of securities to support our mission is as easy as instructing your broker to transfer the shares. For more information, please contact Gail Battle at 301-422-5499.



SAINT LUKE INSTITUTE

8901 New Hampshire Avenue ■ Silver Spring, Maryland 20903
301-445-7970 ■ lukenotes@sli.org ■ www.sli.org

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