AUTISM SPECTRUM DISORDER & Mental Health Issues

A guidebook for mental health professionals
This guide has been developed to provide mental health professionals with information on autism and mental health concerns, what professionals need to know, and resources that are available to support mental health professionals working with individuals with a diagnosis of ASD.

Autism is a neuro-developmental disorder that is typically diagnosed by age three and is a lifelong disability; although, with consistent therapeutic intervention, the presentation of symptoms may dramatically change over time. Autism impacts two main areas in an individual’s life: social communication and restricted behaviors or interests (American Psychiatric Association, 2013). As a spectrum disorder, ASD symptoms and their impact can vary from mild to severe. In addition, sensory challenges and behavioral differences can sometimes become barriers to fully participating in one’s daily life.

Individuals on the autism spectrum often have co-occurring mental health disorders that may or may not be diagnosed. The assumption of most people is that all behaviors are related to the individual’s autism diagnosis. This assumption will leave mental health issues that exist untreated and can in fact, exacerbate symptoms. Unfortunately, comorbidities are often overlooked in the ASD population, with serious negative consequences on quality of life, school, and family functioning, and access to appropriate treatment. However, as a clinician, you can help individuals with ASD lead fulfilling lives with treatment and support.
Professionals often encounter difficulties with diagnosing co-occurring mental health disorders in individuals with autism spectrum disorder. Some typical difficulties with the diagnostic process occur as soon as individuals on the autism spectrum are asked to fill in a screening questionnaire or diagnostic assessment tools (Purkis, Goodall, & Nugent, 2016), because questionnaires do not use concrete language which can be challenging for individuals with ASD. Additionally, difficulties can occur due to communication differences such as echolalic speech, scripted speech, and verbalization of internal thoughts. Since, ASD occurs five times as often in boys than girls, clinicians have a more limited understanding of how ASD generally present in women (Purkis, Goodall, & Nugent, 2016). Women and girls on the autism spectrum who have co-occurring mental health disorders may struggle with obtaining an appropriate diagnosis, both for mental health issues and autism.
Prevalence of Mental Health Disorders in ASD

Research has consistently indicated, when compared to the general population, individuals with ASD exhibit an increased risk of developing mental health disorders. Co-occurring mental health disorders that present in individuals with ASD include but are not limited to anxiety, ADHD, depression, OCD, and bipolar disorder. Approximately half of youth with an ASD diagnosis exhibit aggression, wandering/elopement, and self-injurious behavior (Kalb, Hagopian, Gross, & Vasa, 2018). These behaviors can result in incidents that pose harm to oneself and to others.

- Recent studies reveal that **anxiety is one of the most common co-occurring conditions in ASD** with rates ranging between 11% to 84% and depression prevalence rates from 1.4% to 38% of the population (Haley, Johnston, & Iarocci, 2017).
- Having a co-occurring mental health condition significantly increases the risk of multiple mental health diagnoses.
- A 2014 study from Lisa Croen and colleagues at Kaiser Permanente revealed that adults with ASD are likely to have 117% higher risk of anxiety, 123% higher risk of depression and 433% higher risk of suicide attempts than non-ASD patients.
Behaviors which may indicate an anxiety disorder in individuals with ASD:

- Avoidance of new people, tasks, environments, and/or materials.
- Increases in performance rituals and/or rigid and inflexible behavior.
- Withdraws from social situations or begins to avoid social situations.
- Low frustration tolerance and/or tantrums when things do not go “as expected.”
- Perfectionistic behavior.
- Seeks constant reassurance through repetitive questioning and/or checking behaviors.

Behaviors which may indicate a mood disorder in individuals with ASD:

- Increase irritability and/or absence of “happiness” or smiling in individuals who frequently did so in the past.
- Loss of interest in activities or friends.
- Resistance to participating in activities that were once engaged in willingly.
- Agitation or restlessness, pacing, hyperactivity, or wandering.
- Self-deprecating comments.
- Mood inflation.
- Inability to follow previously understood rules and limits.
- Appears energetic despite lack of sleep.
- Deliberate, potentially lethal acts.
Supporting your clients with ASD during Assessment & Treatment

Mental health evaluation and assessment with clients on the autism spectrum can be challenging for a clinician that has limited experience interacting with individuals on the autism spectrum. It is recommended that a physical evaluation be completed by a medical provider to rule out medical causes for symptoms. Individuals diagnosed with ASD may have seizures, headaches, gastrointestinal issues, feeding/eating difficulties, and sleep problems which may impact their behavior and/or mood.

Communication differences such as literal interpretation, concrete thinking, and deficits in expressive or receptive communication, under-developed social skills, and difficulty engaging in back and forth conversation can complicate the evaluation and treatment process. Despite these challenges there are multiple ways that you can support your client with ASD, which include:

- **Determine functional communication abilities** (verbal speech, picture exchange, tablet-based, sign-language)
- **Ask simple, concrete questions** and use simplified assessment/evaluation tools
- **Give extended time** during assessment and evaluation
- **Avoid Likert-scale style questions**, as they can be difficult for individuals with ASD
- **Use treatment modalities based on developmental ages** vs. chronological age. For example, if a client has a history of trauma then beginning with play therapy may be appropriate if the client has been assessed to have a developmental delay.
• **Use visual supports/aids**
• **Be open to different styles of communication** (written responses, drawings, comic strips, etc.)
• **Recognize the client’s triggers** and then help them based on the individual client needs (modifying the environment, teaching coping skills, modifying therapeutic modality, etc.)
• **Expect extended time** to build rapport and integration of learned concepts into practice

Multiple treatment modalities can be helpful when working with clients on the autism spectrum, there is no one size fits all. If you need assistance working with your client who is on the autism spectrum please reach out to your local Center for Autism and Related Disabilities (CARD). Their resource office and consultants are available to assist you. To locate your local CARD center for more information or assistance please visit http://www.florida-card.org/map.htm.
Psychosocial Evidence-based Treatments

- **Cognitive Behavioral Therapy (CBT)** has been established as the “standard” for treating anxiety disorders. Recent research indicates that CBT is also effective for clients with ASD. CBT with modifications for clients with ASD has demonstrated significant reductions in anxiety in youth with ASD (Nadeau, Arnold, Selles, Storch, & Lewin, 2014). CBT modifications can include social skills training, the use of visual supports, and caregiver participation.
• **Parent Management Training**, also known as parent training, has been found effective in reducing parental stress and improving behaviors of youth with ASD (Politte, Howe, Nowinski, Palumbo, & McDougle, 2015). Parent training involves teaching parents to understand behavioral principles, behavior strategies, and communication skills.

• **Family Therapy** can be beneficial to the well-being of the family system (Politte, Howe, Nowinski, Palumbo, & McDougle, 2015). Families present with a variety of issues surrounding ASD and psychological distress in individuals with ASD can increase family conflict.


Create comic strips at ToonDoo http://www.toondoo.com/

National Association for the Dually Diagnosed (NADD) www.thenadd.org

Florida Pediatric Psychiatry Hotline 1-866-487-9507
Resources


Florida’s First Choice for Autism Support

The Center for Autism & Related Disabilities (CARD) provides support and assistance with the goal of optimizing the potential of people with autism spectrum disorder and related disabilities.

card-usf.fmhi.usf.edu

Center for Autism & Related Disabilities at USF
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