Exploring Autism Spectrum Disorder and Common Co-Existing Conditions
Agenda

1. Overview the diagnostic criteria for ASD
2. Discuss neuro-developmental challenges related to ASD (executive dysfunction, sensory challenges, Theory of Mind, social reciprocity etc.), and how those affect mental health
3. Identify mental health challenges and disorders that co-exist commonly with ASD
4. Present basic therapeutic strategies for supporting people diagnosed with autism and co-existing disorders
Disclaimer
The Evolution Of ASD

- Prevalence in 1985: 4-5:10,000 (or 1:about 2000)
- Prevalence in 2007: 1:150
- Prevalence in 2009: 1:110
- Prevalence in 2014: 1:68
- Current prevalence: 1:59
Verbal Communication
Nonverbal Communication
Social Awareness
Sensory Integration
Cognition
Adaptability

the CHIMERICAL CAPUCHIN
Common Published Red Flags Considered by Diagnosticians

- Reduced interest in social interaction: (“Impairment in Social Interaction”)
- Lack of eye contact (“developmentally appropriate eye gaze”)
- Lack of warm, joyful expressions
- Lack of sharing interest or enjoyment
- Lack of response to name
- Impairment in communication (use, not necessarily development of)
- Lack of showing gestures
- Lack of coordination of nonverbal communication
- Unusual prosody (little variation in pitch, odd intonation, irregular rhythm, unusual voice quality)
- Repetitive behaviors & restricted interests
- Repetitive movements with objects
- Repetitive movements or posturing of body, arms, hands, or fingers
General Diagnostic Criteria: DSM-5

- **Persistent deficits in social communication and social interaction across multiple contexts** [manifested in a variety of ways, mostly involving deficits in social-emotional reciprocity, non-verbal behavior, and development and maintenance of relationships];

- **Restricted, repetitive patterns of behavior, interests, or activities** [manifested in a variety of ways, mostly involving stereotyped or repetitive motor movements, use of objects, or speech; insistence on sameness, inflexible adherence to routines, or ritualized patterns; highly restricted, fixated interests that are abnormal in intensity; and hyper- or hyporeactivity to sensory input];
General Diagnostic Criteria: DSM-5

• **Symptoms must be present in the early developmental period** (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life);

• **Symptoms cause clinically significant impairment** in social, occupational, or other important areas of current functioning
Sex & Racial Differences In Prevalence Data

- History of racial disparity in diagnosis. White children diagnosed earlier and more often than children in minority populations.


- Diagnosed around 4 times more often among boys than girls. (4.5 times more previously, so the disparity is shrinking a bit.) 1 in 37 boys meet diagnostic criteria for ASD; 1 in 151 girls meet criteria.
Females with ASD
Girls vs. Boys

• Behavioral and preliminary neuroimaging findings suggest ASD manifests differently in girls. Females with autism may be closer to typically developing males in their social abilities than they are to typical girls.

• Girls with autism may be harder to diagnose for several reasons, including (a) criteria developed specifically around males and (b) overlapping diagnoses such as obsessive-compulsive disorder, anorexia, social anxiety disorder.
Hypotheses as to Why Fewer Girls Diagnosed:

- Diagnostic criteria, concepts and practices have historically been biased towards the ‘conventional’ (male) presentation of ASD.

- Females may be better able to adapt to, or compensate for, aspects of ASD symptomatology than are males, sometimes referred to as the camouflage hypothesis (Dworzynski et al., 2012).

- Sex-based differences noted in regard to social communication and restricted, fixated behavior.
The Camouflage Hypothesis

Gould & Ashton-Smith (2011) conducted a review of relevant literature to identify some of the ways in which girls and women on the autism spectrum, either intentionally or unconsciously ‘mask’ their limitations in social understanding, social communication, and social imagination, thereby evading a diagnosis of ASD.
The Camouflage Hypothesis (continued):

Some examples cited in the review include:

- Girls are more able to follow social actions through observation.
- They may be quicker to apologize and appease when they make a social error, increasing the likelihood of their anomalous behavior being overlooked or forgotten by others.
- Girls are often more socially aware and socially driven, and so more likely to seek out play and interaction opportunities (whilst often being ‘led’ by peers rather than initiating activities themselves). They may fixate on one special friend with whom they will (or want to) share an intense, sometimes dependent, relationship.
- As they grow in self-awareness and insight, girls may take greater pains to avoid drawing attention to themselves (For example: being quiet, well behaved and compliant at school.)
Common Published Red Flags Considered by Diagnosticians
(Not necessarily so in girls)

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General ASD Profile

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Related Characteristics

• Seizures (25% - 35% have seizure disorders)

• OCD

• Unusual sleeping patterns

• Eating disorders (25% of people with autism have digestive issues)

• Sexual orientation and gender identity

  • “Clinical impressions indicate that there is an overrepresentation of gender-dysphoria within the autism spectrum disorder. However, little is presently known about the demographics of gender-identity issues in autism spectrum disorder. Based upon what little is known, we hypothesized that there would be an increased prevalence of gender-dysphoria among those with autism spectrum disorder compared to a typically developing population (Stokes, 2017)
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Related Characteristics

• **Sexual orientation and gender identity**

  “Rates of gender-dysphoria in the group with autism spectrum disorder were significantly higher than reported in the wider population.” (Stokes, 2017)
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Related Characteristics

• “Lack of fear”
• Suicidal ideation
• Sensory processing problems
ASD & Sensory Processing
Females with ASD and Co-Existing Conditions

**Epilepsy/Seizures:** Some studies show an increased likelihood of epilepsy in females with ASD; however literature is sparse.

**Sleep Problems:**
- Some found no sex differences in sleep problems with individuals with ASD (Liu et al., 2006; Wiggs and Stores, 2004; Mayes and Calhoun, 2011; Horovitz et al., 2011)
- One study found females have less sleep problems than males with ASD (Sivertsen et al., 2012)
- One study found males have less sleep problems than females with ASD (Hartley and Sikora, 2009)
Females with ASD and Co-Existing Conditions

Anxiety/Mood Disorders:
Some studies report that females diagnosed with Level 1 ASD are at greater risk for anxiety or mood disorders (Solomon et al., 2012; Mandy et al., 2012; Mattila et al., 2010)

The American Psychiatric Association suggests females have more panic attacks and Generalized Anxiety Disorder, while males have more social anxiety (2013)
• 46% of those with ASD have average to above average intelligence (CDC, 2014)
Jack
Dream: Higher education
“There is a dearth of research examining how comorbidity impacts the assessment of core symptoms and co-occurring problem behaviors in children with ASD (Tureck, et al., 2013), but:

• Children with ASD evidences higher rates of comorbid symptoms than children with anxiety disorders;

• Children with Asperger's Disorder may experience higher rates of anxiety than neurotypical children with ADHD
Common Characteristics of ASD & Their Effect on Life Quality

Common Challenges That May Affect Life Quality:

- Executive Functions
- Challenges with Social Communication
- Social Skill Deficits
- Challenges with Communication
- Challenges related to Theory of Mind

Each Challenge Can Create A Need For Support Because They May:

- Alienate those who might otherwise become part of a typical social network
- Lead to significant day-today anxiety, stress, and behavior problems
- Cause misunderstandings in school and at work that affect reputation
- Lead individuals to use or abuse substances that help them relax and decrease distress
- Cause legal and / or financial troubles
- Demonstrate vulnerability to bullies
- Exacerbate relationship problems
Executive Functions

Thinking
- Prioritizing / Time Management
- Organization
- Working Memory
- Metacognition / Reflection

Self-Regulation
- Task Initiation
- Flexibility
- Behavioral Control
- Self-Monitoring
Executive Function Challenge: Inhibiting Actions
Common Day-To-Day Challenges:

Theory Of Mind

• To understand that others have information, beliefs, desires, and intentions that are different from one's own

• Being able to view the world from the perspective of another person

• The ability to understand and recognize that others are assessing, and making judgments about, us
Theory Of Mind

Typical TOM Development

False Belief Test
Theory Of Mind

- To predict, and assess the intentions of others;
- To connect socially;
- To demonstrate empathy;
- To understand that one is being judged by others
How Executive Functioning and Theory of Mind Effect Everyday Activities
Common Day-To-Day Challenges:

Social Communication

- Social reciprocity;
- Social interaction;
- Social skills;
- Communication or communication skills, and language or language skills

Reciprocity

The custom of obligation drives us to return the favour

- Societal and cultural obligations form our behaviours and create social order
- You owe me one!
- Social proof is more powerful when observing people who are just like us

Systain.ca
Common Day-To-Day Challenges:

The Hidden Curriculum
Profile of Typical Talk Therapy Client with ASD Level 1

• Desires friendships and enjoys social environments, but is hyper- or hypo-social
• Quality of friendships are not fully understood. Typically believes relationships are deeper than in reality
• Experiences frequent conflict due to misunderstandings in relationship and on the job
• “Shuts down” when conflict occurs
• **Females:** Uses other women as role models to learn interpersonal protocols
• Is highly vulnerable in social situations (often the butt of the joke but doesn’t realize it)
• Impaired executive functioning (particularly with self-regulation and cognitive organization)
• Struggles to fit in. The strong desire to do so creates significant interpersonal and relationship problems
• Impaired theory of mind, especially in interpreting the intentions of others
• Fixed, obsessive interests that may look on the surface to be typical, but which take up extreme amounts of time
Immediate Conflict with Talk Therapy

**Autism Spectrum Disorder (ASD)** is a developmental disability characterized by:

*Deficits in social communication and social interaction across multiple contexts*

**Merriam-Webster Dictionary Definition of Talk Therapy:**

*Psychotherapy emphasizing conversation between therapist and patient.*
Immediate Conflict with Talk Therapy

Traditional Therapeutic Relationship Timeline:

- **Initial Stage** → **Working Stage** → **Termination Stage**
  - (rapport/bonding/assessment)  
  - (focus on goals/tasks)  
  - (Effectively planned)
Immediate Conflict with Talk Therapy

• Traditional techniques such as mirroring, summarizing, reflecting, or silence may be ineffective counseling techniques for females with ASD.

• Traditional structure of the counseling process have to be individualized:

  More emphasis on Rapport and Relationship Building

  In depth Problem Definition

  Several stages in Goal-Setting

  Individualized Interventions

  Extended time for Termination
Individual Therapy Considerations

- Use any restricted interest as a way to build rapport
- Allow monologue – a lot of it – early
- Focus on skill building rather than insight development
- Role play, especially in real-life situations if possible
- Females may be more likely than males to complete homework assignments like journaling
- Be thoughtful of sensory challenges, and how that may affect intimacy and relationships
A Humanistic Foundation

- Monologue is rapport building
- Anxiety reduction
- Time to understand individualized language pragmatics
Psychoeducational Foundation

(VanBergeijk, Klin, & Volkmar, 2008)

- Insight-related mental health services are likely to have limited success with students living with ASD; psycho-educational is typically a more effective approach.

- Directive counseling is a necessity, as students require information otherwise lost due to challenges with social learning and social communication.

- Counseling that focuses on skill building should be conducted in rote, sequential steps, and make heavy use of techniques such as role play and coaching. Embed efforts to let skills be generalized.

- Re-examine traditional views on dual relationships
Making Abstract Concepts More Tangible: **Unhelpful Thinking Styles**

Unhelpful Thinking styles can be very common with individuals on the autism spectrum struggling with anxiety.

- **Mental Filter**: “tunnel vision” - only seeing the negative aspects of situations. Only paying attention to certain type of evidence.

- **Jumping to conclusion**: predicting the future, and mind reading (see projecting example above)

- **Over-generalizing**: believing that the results of one situation predict the results of all future situations. If your thoughts often involve the words "all," "never," "always," and "every" you might be over-generalizing.

(Kiss, 2015)
Making Abstract Concepts More Tangible: Using Visual CBT to teach social communicational skills

*Inside - Outside Boxes*
*Inner-Outer Thoughts*

- Put images and/or words on the outside of the box to represent the qualities and thoughts you share with others.

- Put images and/or words on the inside of the box that represent the inner qualities and thoughts that are hidden to most people.

(Kiss, 2015)
We Are... Marshall

Reputation

MARSHALL UNIVERSITY
Resiliency
Group Therapy Considerations

Group Dynamic

- Be willing to direct or intervene in **social communication** (Example: Temple Grandin at lunch)

- Observe members, allow breaks and modify structure as needed if stamina is an issue

- Implement discussion based activities that foster sharing and support

- Build on common experiences and situations

- Respect individuality

- Recognize that group members may have interests that are developmentally younger than their age

- **Be instructive**: “Name one challenge and one positive event in the past week” rather than “How was the week for you?”

- **Conversation Cards**, guided sharing activities, movie or book chapter discussion

- **Regularly reiterate expectations**, how to recognize social rules and demonstrate respect
Group Therapy Considerations

Suggested Topics

- Sexuality
- Women’s Health
- Interpersonal Skills
- Autism Advocacy
- Body Image
- Self Identity
- Peer Pressure

Modalities

- Art Therapy
- Psychoeducation
- Social Skill Role Playing
- Discussion based group sessions
Group Therapy Resources

Media and Books

- Sisterhood on the Spectrum by Jennifer O’Toole
- Autism in Love documentary
- The Chameleons: Women with Autism (YouTube)
- Changing the Face of Autism: Autism in Females (YouTube)

These resources are serve as a great basis for discussion based group sessions. Give conversation prompts during the group, or prime group members with topics the week before.

TED Talks:

Alix Generous: How I learned to communicate my inner life with Asperger's

Rosie King: How Autism Freed me to be Myself

Dr. Temple Grandin: What it feels like to be Autistic

Dr. Danielle Sheypuk: Every Body: glamour, dateability, sexuality & disability
Exploring Autism Spectrum Disorder and Common Co-Existing Conditions