



The National Centre of Excellence  
in Youth Mental Health

# Autism and comorbid mental health conditions in adolescents and young people

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# Introductions

- Johanna Rouse: Coordinator, Neurodevelopmental Stream & Senior Occupational Therapist, Orygen Youth Health.
- Melanie Cooke: Senior Clinical Psychologist, Neurodevelopmental Stream, Orygen Youth Health.

# Agenda

- 1) What are Autism Spectrum Disorders (ASDs)?
- 2) A brief history of Autism Spectrum Disorders
- 3) What do we know about the etiology of ASDs?
- 4) How are ASDs currently diagnosed?
  - What are the traits of ASD required to make a diagnosis?
  - How do these traits present in adolescents and young people?
  - The diagnostic process
  - Diagnostic challenges – comorbidities and differential diagnoses.
- 5) Continuing your learning – online learning module

# What are Autism Spectrum Disorders?



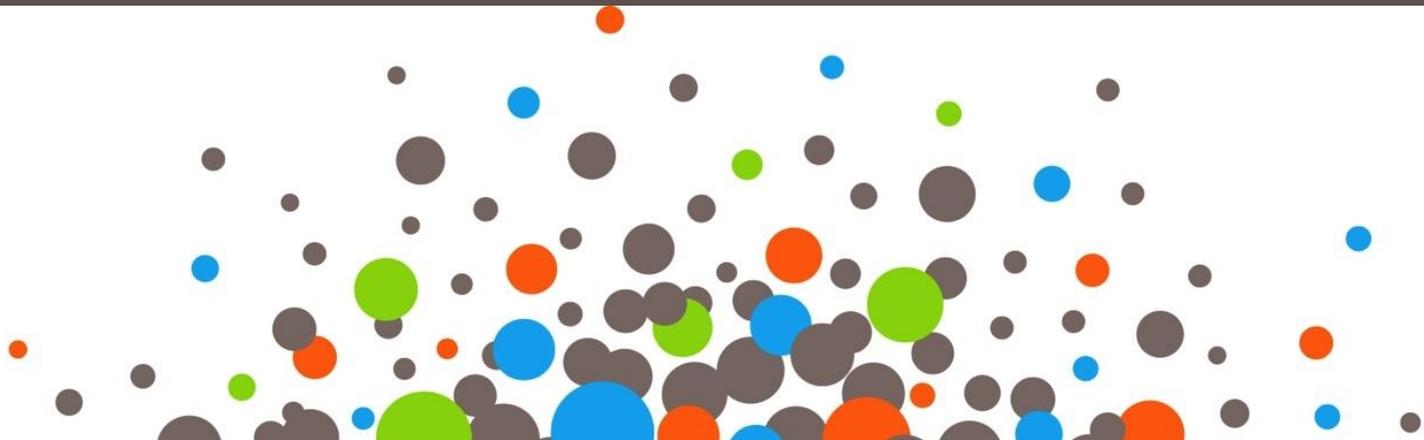
- Autism Spectrum Disorders (ASDs) are classified by the DSM V as Neurodevelopmental Disorders – which typically manifest during the developmental period and can cause significant impairments across personal, social , academic or occupational functioning.
- Autism Spectrum Disorders are thought to be a range of conditions that have the common features of persistent deficits in social communication and interaction and the presence of restricted, repetitive patterns of behaviour, interests or activities.

American Psychiatric Association, 2013

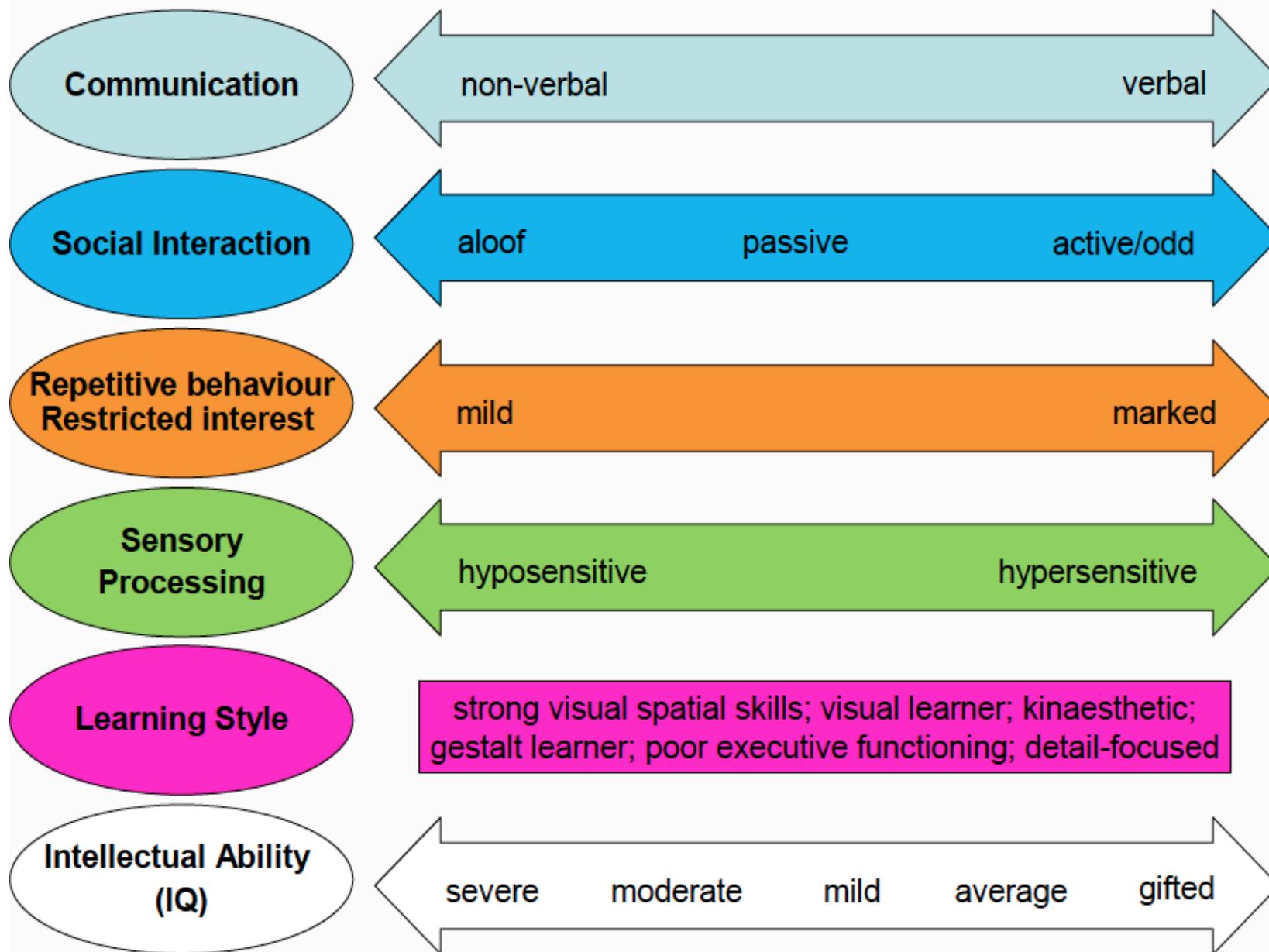


**“If you’ve met one person with autism, you’ve met one person with autism” Dr Stephen Shore**

“There are different types of autism, rather than one type that differs only in terms of severity.” (Purkis, Goodall, & Nugent, 2016)



# The Diversity of Autism



# The history of Autism diagnosis

- Leo Kanner first described the concept of “Autism” in his 1943 paper “Autistic Disturbances of Affective Contact”, where he described the cases of 11 young children who appeared socially withdrawn and engaging in repetitive type behaviours. At this stage Autistic traits were seen to be a part of Childhood Schizophrenia.
- In 1968, in the second edition of the DSM Autism was included again as a feature of Schizophrenia.
- In editions III, IV and V of the DSM Autism has been classified as its own disorder with the diagnostic terminology and features being further developed and refined.

# What do we know about the etiology of Autism?



The exact cause of Autism Spectrum Disorders remains unknown.

Researchers continue to investigate a range of possible causes including:

- Genetics – multiple genes appear to be involved in the development of Autism, as well as de novo mutations that may also occur spontaneously.
- Environment – researchers are currently exploring whether factors such as viral infections, pregnancy complications, air pollutants, and vitamin D deficiencies increase the risk of a person developing an ASD.
- An interaction between genetic and environmental factors.

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# How do Autism Spectrum Disorders Present in Adolescents and Young People?

# DSM-5 Autism Spectrum Disorder



Social  
Communication  
(Need all 3)

Social-emotion reciprocity

Non verbal communication

Quality of relationships

Restricted, Repetitive  
Behaviours  
(Need 2)

Repetitive behaviours

Inflexibility in behaviour or thinking

Restricted interests

Hyper or hypo reactivity to sensory input

## ***Specifiers:***

- +/- Intellectual disability; ADHD; language impairment
- Severity rating:
  - Level 1: Requiring Support
  - Level 2: Requiring Substantial Support
  - Level 3: Requiring Very Substantial Support

# 1 Core features of an Autism Spectrum Disorder

People have a range of strengths and difficulties in different areas. Everyone is different!



## Social

- Difficulty using eye contact
- Difficulty guessing another person's perspective (eg: how they might be thinking or feeling)
- Difficulty understanding "social rules" (eg: how to behave in different kinds of situations)
- May find social situations confusing
- Difficulty making or keeping friendships
- Can easily enjoy time spent alone



## Communication

- Difficulty holding conversations (eg: may not know what to say)
- Difficulty getting involved in group conversations
- Misunderstanding some things (eg: jokes)
- Difficulty reading emotions in other people
- Difficulty noticing and describing own emotions
- Having a strong vocabulary
- Can easily talk a lot about 1 or 2 special topics
- Difficulty noticing 'non-verbal' cues (eg: body language) and/or responding to them the way that people expect



## Behaviour

- Very focused or intense interests
- Very determined about values and morals
- Preferring things to stay the same, or having a routine
- Habits or rituals (eg: collecting things, or doing things a certain way)
- A good ability to follow rules



## Body

- Sensitive to certain sounds, tastes, smells or feelings on your skin
- Difficulties with coordination or clumsiness (eg: trouble with some sports)
- Difficulty with handwriting
- Feeling changes in temperature or pain more or less than others
- Difficulty with sleep
- May not care much about fashion or 'grooming'



## Thinking

- Logical thinker
- Good with facts and figures or details
- Good at visualizing things
- Specialist knowledge in certain areas
- Good at research – curious and inquisitive
- Difficulty with abstract ideas (eg: 'the future')
- Like having things written down to help remember

# Underlying cognitive differences



## Theory of Mind/Mentalising

Feature	Impact on wellbeing & functioning
Reduced awareness of own emotions	Emotion dysregulation
Reduced awareness of own thoughts	Less information to act on effectively
Reduced awareness of others' thoughts and feelings	Social/relational difficulties May be less concerned with what others think of them

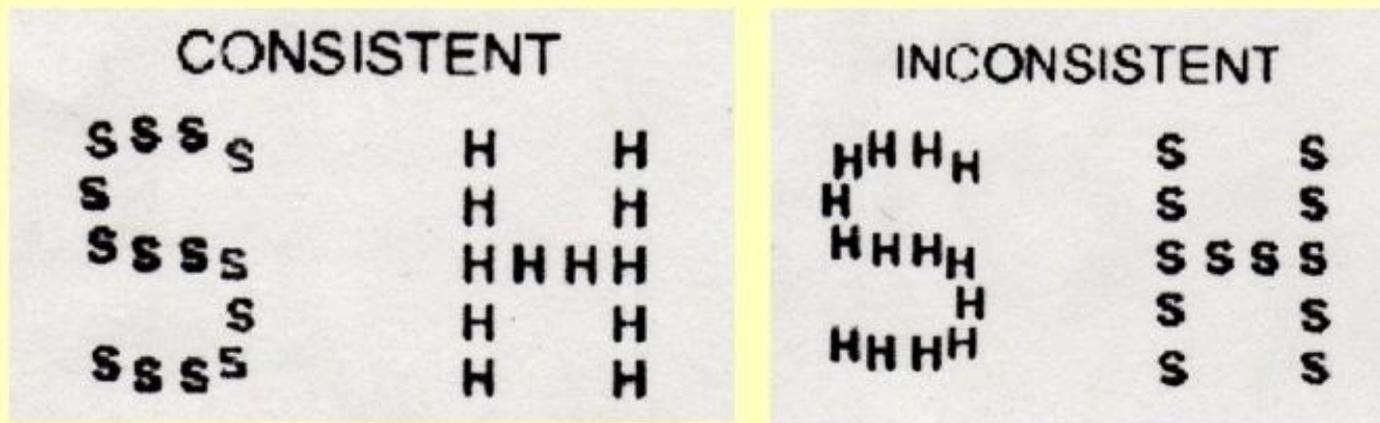
# Underlying cognitive differences



## Central coherence

Feature	Impact on wellbeing & functioning
Importance of detail	Change to environment is overwhelming Excellent attention to detail
Difficulty generalising	Trouble applying known responses to novel situations
Difficulty seeing the bigger picture/gestalt	Difficulty planning a complex task Misinterpretation of social situations

## Details are Attended to Instead of Whole Gestalts



- Autism faster response time to small letters
- Attend to details of faces instead of the whole

Behrmann et al., Neuropsychologia 2005

# Underlying cognitive differences



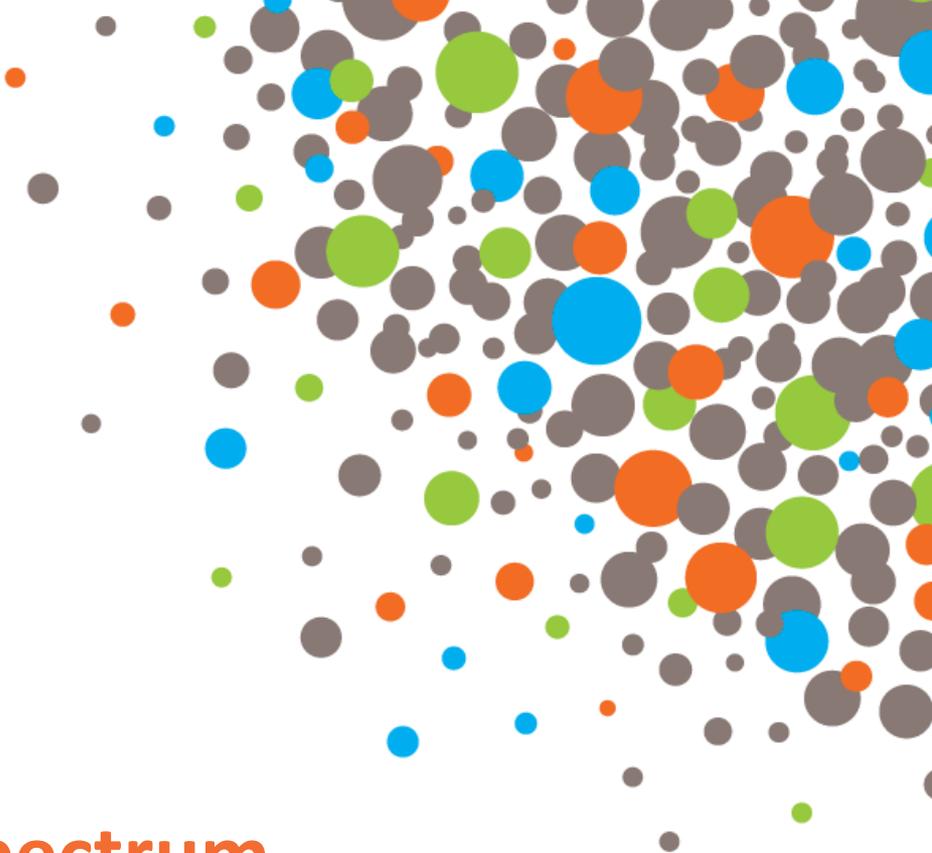
## Executive functioning

Feature	Impact on wellbeing & functioning
Poor abstraction	Difficulty reflecting on past experiences and adapting to what did & didn't work
Rigid thinking	Getting stuck in unhelpful thinking and responding
Difficulty planning	Trouble planning to achieve a desired outcome, or to avoid a pitfall
Lack of flexibility	Change is stressful & hard to adapt to Difficulty seeing things from different perspectives
Disinhibition	Poor emotion control Inappropriate behaviours, e.g. butting in Impulsivity & compulsivity

# Gender differences in diagnosis



- Autism is diagnosed more frequently in males: 4:1.
- Diagnostic criteria, concepts and practices - historically biased towards ‘conventional’ (male) presentations.
- Females may be better at adapting to, or compensating for, aspects of their ASD: *the camouflage or chameleon effect*.

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# Diagnosing Autism Spectrum Disorders in Adolescents and Young People

# Screening tools



<b>Clinician Rated:</b>	<b>Self-report:</b>	<b>Informant-report:</b>
<ul style="list-style-type: none"><li>Autism Spectrum Disorder in Adults Screening Questionnaire (ASDASQ) 10 questions 18yo+ psychiatric outpatients</li></ul>	<ul style="list-style-type: none"><li>Autism Quotient (AQ) 10 or 50 question scale</li><li>Ritvo Autism Asperger Diagnostic Scale-Revised (RAADS-R) 80 question scale</li></ul>	<ul style="list-style-type: none"><li>Autism Spectrum Screening Questionnaire (ASSQ) 27 questions Scored online</li></ul>

# Best practice in assessment

- Developmental history
- Collation of past assessments and reports
- Assessment of social and communication skills (e.g. ADOS-2)
- Cognitive assessment
- Speech and language assessment
- Sensory profile

# Considerations for assessment

- What is the purpose?
- What could be the outcome of a diagnosis/no diagnosis?
- Ensure that you've discussed these issues with the client and their family before referring for assessment.

# Making sense of mental health issues in the context of autism

*It is the rule rather than the exception*



## Autism Spectrum Disorder Symptoms and Comorbidity in Emerging Adults

Daniel L. Gadke<sup>1</sup> · Cliff McKinney<sup>2</sup> · Arazais Oliveros<sup>2</sup>

More recent efforts to systematically examine comorbid psychopathology in a sample of individuals with ASD found that 95 % had at least one comorbid disorder [13]. Surprisingly, 74 % had five or more comorbid disorders.

The results indicated support of the hypothesis; groups of emerging adults with increasing ASD symptom severity also reported increasing levels of comorbid psychiatric symptoms. Participants with the highest ratings of ASD symptom severity experienced the greatest amount of comorbid psychiatric symptoms.

# Prevalence of comorbidities

- Young people on the spectrum are 2 to 4 times more likely to experience a comorbid mental disorder than control subjects of the same generation (Takara et al., 2015).
- 25 – 84% had a comorbid anxiety disorder (Baron, 2006).
- 65% had a comorbid depression (Clissold, 2012).
- 19 – 30% of patients with autism had a comorbid substance use disorder (Hofvander et al. 2009; Sizoo et al. 2010).
- 0 – 28% had comorbid schizophrenia (Takara et al., 2015), and some evidence of higher rates of psychosis-NOS (Larson et al., 2016).

# Diagnostic difficulties

- Overlapping features/symptoms of autism and mental disorders
- Difficulties in self-report for people on the spectrum
- Challenges of obtaining accurate developmental history (inc. symptom onset) to differentiate autism from mental health symptoms. This is particularly true when assessing young people as it can be hard for parents to recall detailed information many years later.

# Anxiety

- The most common psychiatric co-morbidity
- Occurs throughout the lifespan
- Interferes with
  - Day to day activities: school refusal, not working, socialising
  - Enjoyment: avoidance can lead to depression
  - Learning
  - Developmental trajectory

# What might cause anxiety?

- Communication difficulties
- Social differences
- Sensory sensitivity
- Changes in routine
- Changes in the environment
- Unfamiliar social situation: not knowing what's expected
- An awareness of challenges
- Difficulty regulating emotions

# Social anxiety disorder



- Overlapping features:
  - Social avoidance
  - Keeping to comfort zone
- Perceived (SAD) vs. actual social difficulties (ASD)
- Fear of negative evaluation (SAD) vs. fear of the unknown social world (ASD)
- In high functioning ASD individuals are more likely to recognize their social difficulties and therefore be more anxious in social situations
- Most common anxiety diagnosis for children and YP with ASD: 47% (van Steensel, Bögels, & de Bruin, 2013)

# Obsessive compulsive disorder



- Overlapping features:
  - Repetitive behaviours/rituals vs. compulsions
  - OCD: Symptoms are ego-dystonic
  - ASD: Behaviours are not linked to intrusive thoughts and are acceptable to the person
- Young people with ASD & OCD may have trouble identifying and expressing intrusive thoughts
- Second most common anxiety diagnosis for children and YP with ASD: 17% (van Steensel, Bögels, & de Bruin, 2013)

# Depression



## Overlapping features:

- Reduced verbal & non-verbal communication
- Social withdrawal
- Avoidance
- Problems initiating activities
- Repetitive & rigid thinking
- Difficulties with sleeping & eating

## Masking:

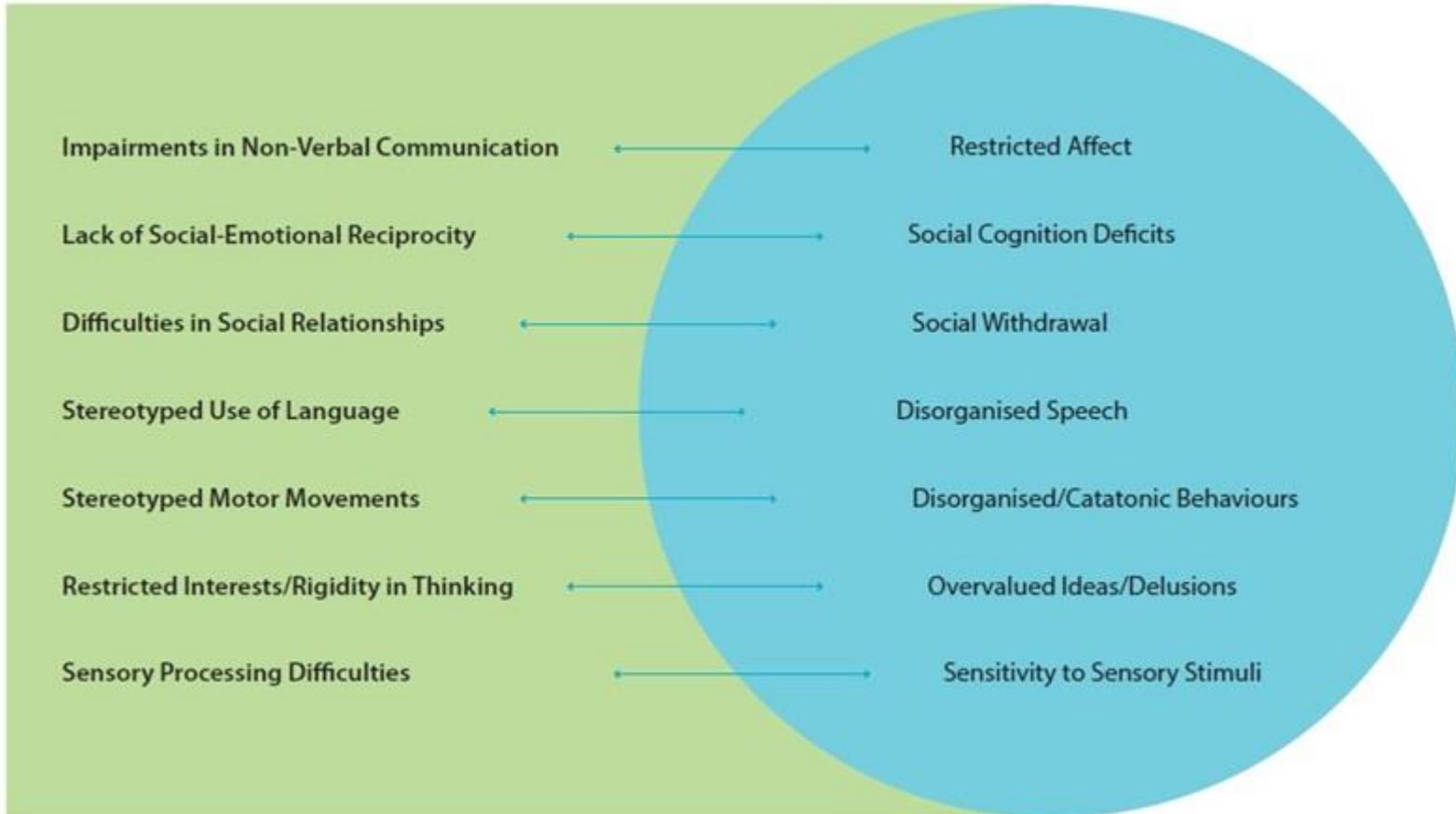
- Anger and challenging behaviours may mask other feelings associated with depression

# Psychosis



## Traits of ASD

## Features of Psychosis



# Personality disorders



## Prevalence in autistic adults

Obsessive Compulsive PD	32%
Avoidant PD	25%
Schizoid PD	21%
Paranoid PD	19%
Schizotypal PD	13%
Borderline PD	9% to 14%

Takara, K., Kondo, T., & Kuba, T. (2015)

# Substance use disorders

- Myth that people on the spectrum don't suffer from substance abuse and dependence
- ASD difficulties of executive function:
  - Impulsivity — acting quickly without thinking
  - Compulsivity – being unable to stop an activity once it has started
- Combined with strong sensory needs and social difficulties
- Use of AOD to seek stimulation, numb over-stimulation, and/or reduce social anxiety
- Increased risk for addiction

(Hofvander et al. 2009; Sizoo et al. 2010)

# Self injury

- Very distressing for young person, families, and workers
- Types
  - Head banging
  - Skin picking, scratching, pinching
  - Hand or arm biting
  - Hair pulling
  - Face or head slapping
  - Strangulation
  - Cutting

# Self injury causes



- Complex issue! Particularly when a person has poor language skills
- Sensory stimulation, “stimming”
- Sensory overload
- Way of communicating
- Repetitive behaviour
- Mental health problem such as depression
- Medical or dental problems that can’t be communicated:
  - Colds or infections
  - Pain: headache, earache
  - Seizures
  - Digestive problems



# Questions



If you have follow up questions relating to this webinar, please contact:

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## Resource List

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Orygen Youth Health ASD Manual (and printable worksheets)

[https://oyh.org.au/sites/oyh.org.au/files/ASD-manual\\_0.pdf](https://oyh.org.au/sites/oyh.org.au/files/ASD-manual_0.pdf)

Orygen, The National Centre for Excellence in Youth Mental Health – Fact sheet

<https://www.orygen.org.au/Education-Training/Resources-Training/Resources/Free/Fact-Sheets/Autism-young-people>

### **Screens:**

Autism Spectrum Disorders in Adults Screening Questionnaire

[https://gillbergcentre.gu.se/digitalAssets/1615/1615795\\_asdasq--english.pdf](https://gillbergcentre.gu.se/digitalAssets/1615/1615795_asdasq--english.pdf)

Autism Spectrum Quotient – AQ 10 and AQ 50, including scoring guides:

[https://www.autismresearchcentre.com/arc\\_tests](https://www.autismresearchcentre.com/arc_tests)

High Functioning Autism Spectrum Screening Questionnaire (ASSQ):

<https://www.ementalhealth.ca/index.php?m=survey&ID=27>

### **Advocacy and Autism Networks/Organisations:**

The Autistic Self Advocacy Network of Australia and New Zealand

<http://www.asan-au.org/>

Spectrum News – accessible updates on research, policy, and lived experience

<https://www.spectrumnews.org/>

AMAZE: Peak body in Victoria, Australia for ASD advocacy. Useful factsheets and resource available

<http://www.amaze.org.au/>

Aspect – Autism Spectrum Australia

<https://www.autismspectrum.org.au/>

**Lived Experience Resources:**

The Aspie World - Understanding Autism from an Autistic Person

<https://www.youtube.com/channel/UCOKKRcJey93Ms-dL630UNIQ>

Invisible I

[https://www.youtube.com/channel/UC2\\_a05o1pW4fr9SzlyMv8OA](https://www.youtube.com/channel/UC2_a05o1pW4fr9SzlyMv8OA)

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