

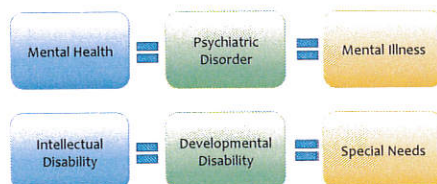
Understanding Autism Spectrum Disorder and Dual Diagnosis

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Objectives

- * To understand dual diagnosis
- * To understand the factors that contribute to mental health issues
- * Identify prevention strategies to support individuals with Autism Spectrum Disorder and a dual diagnosis

Language



What is... Intellectual Disability?

- * Deficits in intellectual and adaptive functioning.
- * **Conceptual domain:** skills in language, reasoning, knowledge, and memory.
- * **Social domain:** empathy, social judgment, interpersonal communication skills.
- * **Practical domain:** self-management in areas such as personal care, money management.
- * Onset during early developmental years

What is... Autism Spectrum Disorder?

DSM-V Diagnostic criteria include:

- * Social communication impairments
- * Restricted and repetitive patterns of behaviour
- * With or without Intellectual disability or language impairment

What is... Mental Health Issue?

- * Changes in a person's current psychological state
- * Involves moods, thoughts, and behaviours
- * Symptoms can vary from mild to severe
- * Significantly affects a person's daily life

**What is...
Dual Diagnosis?**

A diagram illustrating the concept of Dual Diagnosis. It features three green circles arranged horizontally. The first circle on the left contains the text "Mental Health Issue". To its right is a white plus sign. The second circle contains the text "Intellectual Disability". To its right is a white equals sign. The third circle on the right contains the text "Dual Diagnosis".

Dual Diagnosis

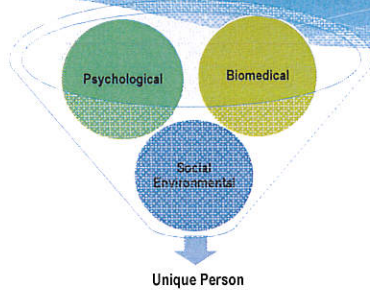
A Venn diagram with three overlapping circles. The top-left circle is green and labeled "Intellectual Disability". The top-right circle is pink and labeled "Autism Spectrum Disorder". The bottom circle is blue and labeled "Mental Health Issue". The central area where all three circles overlap is shaded purple and labeled "Dual Diagnosis".

Contributing Factors

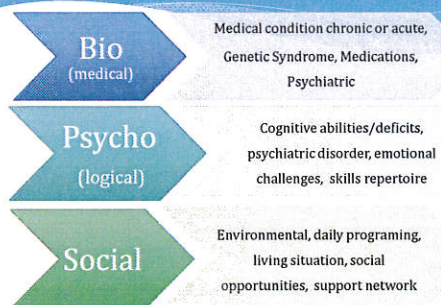
Factors that Affect Mental Health

- * Biological factors
- * Social/environmental factors
- * Psychological factors

The Biopsychosocial Model



Bio Psycho Social Factors



ASD Characteristics that can Influence Mental Health

- * Limited communication
- * Social pressures
- * Challenges with emotional regulation
- * Social reciprocity
- * External environment
- * Support network

Meet Charlie

17 years old

Diagnoses: ASD with Moderate ID, Anxiety disorder, ADHD

Biological - Epilepsy, eczema, Anxiety disorder, ADHD

Medication: Depakote, cortisone cream

Psychological - Limited expressive verbal skills, 2 steps tasks, easily frustrated, few coping skills

Social/environmental - Grade 9 PLP class, younger sister 10, no friends. Mom shift work, dad travels a lot. Grandmother babysits. Cluttered house, weekly schedule unpredictable.

Diagnosis

How is a Diagnosis Made?

- * Doctor or other mental health professional-Psychiatrists, Psychologists
- * Interview to gather information about symptoms and medical history
- * Interview and assessment tools to evaluate a person for a mental illness.
- * Doctor determines if the person's symptoms point to a diagnosis of a specific disorder.
- * The standard manual used: *Diagnostic and Statistical Manual of Mental Disorder (DSM-V)*

Diagnostic Challenges

- * Symptoms or behaviours may be manifestations of medical or mental health disorders or learned behaviour
- * An accurate diagnosis requires a reliance on caregivers for information
- * Response to a change in the natural environment

Diagnostic Challenges

- * Limited cognitive skills, communicative abilities and life experiences
- * Some mental health symptoms are highly associated with specific developmental disorders
- * Difficult to determine whether to treat the symptom directly or to treat the possible underlying disorder

Disorders and Symptoms

ASD & Common Mental Health Diagnoses

- * Depression
- * Anxiety
- * Obsessive Compulsive and Related Disorders?
- * ADHD?
- * ODD?

Kaat, Gadow, Leccavalier, 2013; Skokauskas, K., Gallagher, 2012.

Depression (DSM-V)

- * Feelings of despair
- * Continued fatigue or loss of energy
- * On-going sleep disturbance
- * Withdrawn, lacking enthusiasm and enjoyment
- * Sadness and crying for no apparent reason
- * Inability to concentrate or make decisions
- * Thoughts of suicide

Depression: Observable Symptoms in a person with ASD

- * Increased aggression/self injurious behaviour
- * Diminished self-care skills
- * Restlessness/irritability
- * Spending excessive time alone
- * Lack of interest in preferred activities
- * Spontaneous crying
- * Excessive eating/refusing meals
- * Fearfulness
- * Changes in sleep patterns
- * Significant increase or decrease in weight

DM-ID, 2007

Anxiety Disorders (DSM-V)

- * Excessive worry
- * Psychological distress
- * Somatic symptoms
- * Big fears
- * Examples: Generalized, social, phobia, panic, separation, selective mutism

Anxiety: Observable Symptoms in a Person with ASD

- * Crying
- * Tantrums
- * Freezing
- * Aggression
- * Self injurious behaviour
- * Destruction of property
- * Increased repetitive behaviours
- * Self-soothing
- * Self-stimulatory behaviours
- * Hyperventilation
- * Avoidance, withdrawal
- * Jumpy, fidgety
- * Pacing

DM-ID, 2007

Obsessive Compulsive Disorder (DSM-V)

Obsessions

- * Recurrent, persistent thoughts, urges, images
- * Intrusive and unwanted
- * Cause high anxiety or distress

Compulsions

- * Repetitive behaviours
- * Mental acts or actions
- * Time consuming
- * Aimed to prevent or reduce anxiety

OCD: Observable Symptoms in a Person with ASD

- * Repetitive behaviours: hand washing, ordering, checking, hoarding, telling or asking, rubbing
- * Increased insisting on absolute sameness
- * Person may or may not recognize behaviours as excessive
- * May become aggressive with people who interfere with their ritualistic behaviours

DM-ID, 2007

Prevention

What can you do as a parent/caregiver?

Increase Protective Factors

- * Protect from the negative impact of stressors
- * Environmental supports can foster resilience
- * Increase coping skills repertoire
- * Set up good support network

Develop Resilience

Increase...

- * Leisure opportunities
- * Satisfying social/life experiences
- * Communication and choices
- * Education
- * Encourage expression and validation of emotions
- * Appropriate medical intervention therapy
- * Develop good support network

Nugent, 2005

Watch for the signs...

- * **A dramatic change from person's normal/typical behaviours**
i.e. level of involvement with activities
- * **Physical/observable symptoms**
i.e. more crying than normal, restlessness

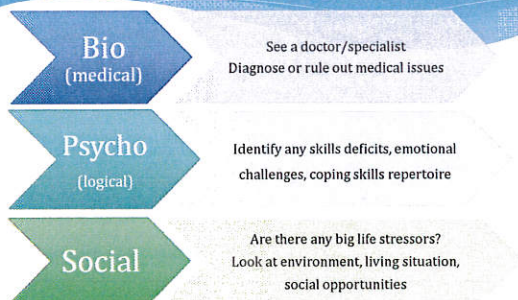
Getting Started...

- i. Planning
- ii. Bio-Psycho-Social Assessment
- iii. Review Treatment Options
- iv. Start treatment
- v. Evaluate treatment

Planning

- *Seek out professional supports
- *Set up a supportive environment
- *Gather information to become informed
- *Establish a good support network

Bio-Psycho Social Assessment



Gathering Information for Primary Care Provider

Tools for the Primary Care of People with Developmental Disabilities (Surrey Place Centre, 2011)

- * Today's Visit
- * A Guide to Understanding Behavioural and Emotional Concerns
- * ABC Chart
- * Community Resources in Ontario
- * Guidance About Emergencies for Caregivers

<http://www.surreyplace.on.ca/Primary-Care/Pages/Tools-for-care-givers.aspx>

Review Treatment Options

Treatment Options

- * Multidisciplinary support
- * Therapies
 - * Cognitive Behaviour Therapy (CBT)
 - * Applied Behaviour Analysis (ABA)
- * Medications - Psychotropic
- * Others



Cognitive Behaviour Therapy

A structured short-term present-oriented therapy directed toward solving current problems, changing dysfunctional thinking and behaviour
Beck, J.S., 1995

- Evidence based
- Structured sessions
- Short term therapy model
- Use Socratic method
- Focus on relationship between emotions, thoughts, behaviour
- Can be modified for ID and ASD

The diagram shows three circles: Thoughts (blue), Emotions (green), and Behaviour (yellow). Arrows point from Thoughts to Emotions, Emotions to Behaviour, and Behaviour to Thoughts, forming a cycle.

Applied Behaviour Analysis

The science in which the principles of the analysis of behaviour are applied systematically to improve socially significant behaviour, and in which experimentation is used to identify the variables responsible for change in behaviour
Cooper et al. (2007). *Applied Behavior Analysis*

- Focus on socially significant goals to improve quality of life
- Evidence based
- Conduct functional behavioural assessments
- Develop comprehensive treatment interventions
- Teach functional skills
- Evaluate effectiveness/success

Psychotropic Medications

Psychotropic medications affect brain activities. They focus on decreasing symptoms associated with mental health disorders.

- * May be used to stabilize or improve the mood to enable person to participate in other treatments
- * Often a first line treatment as it can be faster to see a doctor than a therapist
- * Types: antidepressants; antianxiety; sedatives/hypnotics; mood stabilizers; antipsychotics; stimulants

What to ask about Meds...

- * Is it approved for use with this age group?
- * What are the side-effects?
- * How long will it take to see change?
- * How will we know if it's helping?
- * How will we monitor it's effectiveness?

Medication Checklist

| Questions | Answers |
|---|---------|
| Name of medication: | |
| Is it FDA approved for use with this age group? | |
| Write down reason it is being prescribed | |
| Why has the doctor picked this specific medication? | |
| What do we expect to change as an indication that it is helping? | |
| What are the side effects to watch out for? (can also ask pharmacist for info printout) | |
| How long will it take to see changes? | |
| How will we evaluate if it is helping? | |
| Other notes and comments: | |

Medication Side Effects

- * Ask for information about the side effects as it may not be provided
- * Person may not be able to tell you how they feel while taking the medication
- * May be difficult to tell the difference between stereotypic behaviours and drug-induced abnormal movements (potential side-effect)
- * Difficult to distinguish between adverse effects and co-morbid psychiatric or medical conditions
- * Side effects can be mild, severe, and permanent

Before Selecting a Treatment

Inform yourself...

- * What are the options?
- * Are there any barriers?
- * Is there evidence of efficacy?
- * Consider Pros and Cons
- * Are there any concerning risks?
- * How will you evaluate if it's helping?

Benefit vs. Risk

(pros and cons examples)

Benefits

- * Supportive evidence of efficacy
- * Low effort
- * Quick results
- * May address underlying condition
- * Long term outcomes

Risks

- * Limited evidence of efficacy
- * High effort
- * Negative side effects
- * Unknown long term effects
- * Expensive

Selecting Treatment...

Example:

| Benefits | Risks/ Cons |
|----------|-------------|
| | |

Evaluate Treatment

Evaluate Treatment

- * Compare before and after treatment
- * What changes will you be looking for?
- * Keep track, take data/notes
- * At what point will you need to re-evaluate or look into other treatments?

Monitor Effectiveness

* Marks on a calendar

September 2013

Before →

| Sun | Mon | Tue | Wed | Thu | Fri | Sat |
|-----|-------|-------|------|-------|-------|------|
| 1 C | 2 ccc | 3 ccc | 4 YC | 5 YYC | 6 cCY | 7 CC |
| C | YY | Y | YY | CCC | CC | CY |

Treatment started

After →

| 8 | 9 | 10 | 11 | 12 | 13 | 14 |
|---|---|----|----|----|----|----|
| C | C | Y | YC | YY | C | C |

Monitor Effectiveness

Weekly Journal Month

| Date | Morning | Afternoon | Evening |
|-----------|---------|-----------|---------|
| Monday | 😊 😊 😊 | 😊 😊 😊 | 😊 😊 😊 |
| Tuesday | 😊 😊 😊 | 😊 😊 😊 | 😊 😊 😊 |
| Wednesday | 😊 😊 😊 | 😊 😊 😊 | 😊 😊 😊 |
| Thursday | 😊 😊 😊 | 😊 😊 😊 | 😊 😊 😊 |

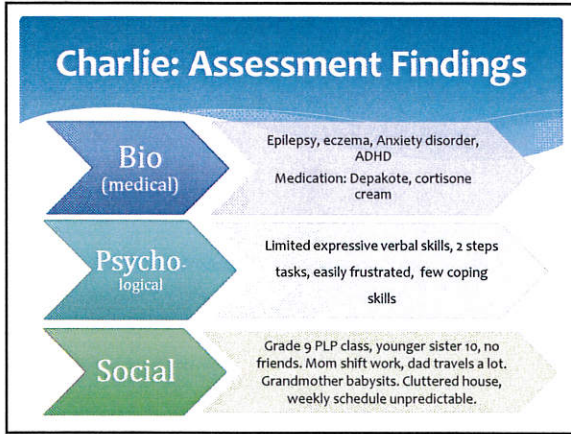
Charlie – Profile

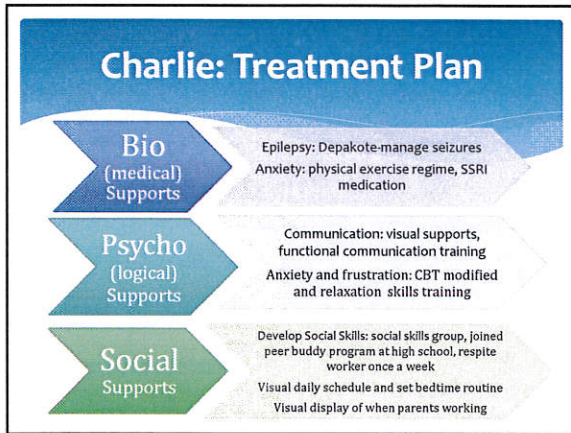
Profile...

- * 17 years old
- * Autism Spectrum Disorder
- * Moderate ID
- * Epilepsy
- * Anxiety disorder

Family's Concerns...

- * Excessive crying
- * Increased rocking and pacing
- * Destruction of property
- * Disrupted sleep
- * Refusal to go to school





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