Next Gen. Autism

Current and Future Issues affecting all psychologists

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Financial Disclosure

Dr. Hall is employed by Axis for Autism, an autism diagnostic company.

Objectives

1. Identify common misperceptions about ASD

2. Identify less obvious presentations of diagnostic criteria for ASD

3. Identify evidence-based treatment options for comorbid disorders and associated symptoms

Additional Disclaimers

Addressing misconceptions

“It can be really hard to get an autism diagnosis, especially for people of color, women and girls, trans and nonbinary people, and people who figured out they are autistic when they were an adult. It can cost a lot of money, or a doctor may have the wrong ideas about autism and not want to give someone a diagnosis.” Autistic Self Advocacy Network, 2021

- Bask in the discomfort of dissonance
- Some of these are VERY common
- Providers and society face competing evidence and outright misinformation

“People first”
vs.
“Identity first”
Language

Additional Disclaimers

Word choice & semantics

- Misconception #1: “People first” language should always be used.

- The issue: “People first” language can come from a place of inherent ableism.

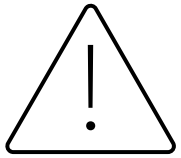
Ableism- “The discrimination of and social prejudice against people with disabilities based on the belief that typical abilities are superior.”

Semantic misconceptions and ableism cont.

Obvious

- Jokes
- Inaccessibility
- Eugenics

Not so obvious



- Euphemisms (“differently abled”)
- Microaggressions (“that’s so…”)
- Assumption of skills or functioning
- Appropriation- (“I’m so OCD”)

Misconception #2

"I'm not an autism specialist; issues related to diagnosis and treatment of ASD don't pertain to me."

The concern: I must avoid practicing outside my boundaries of competence consistent with APA ethics code section 2.01

Unpacking Section 2.01 of the Ethics Code

- **2.01 Boundaries of Competence**
  (a) Psychologists provide services… with populations and in areas only within the boundaries of their competence…
- (b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language, or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation, or supervision necessary to ensure the competence of their services, **or** they make **appropriate** referrals…

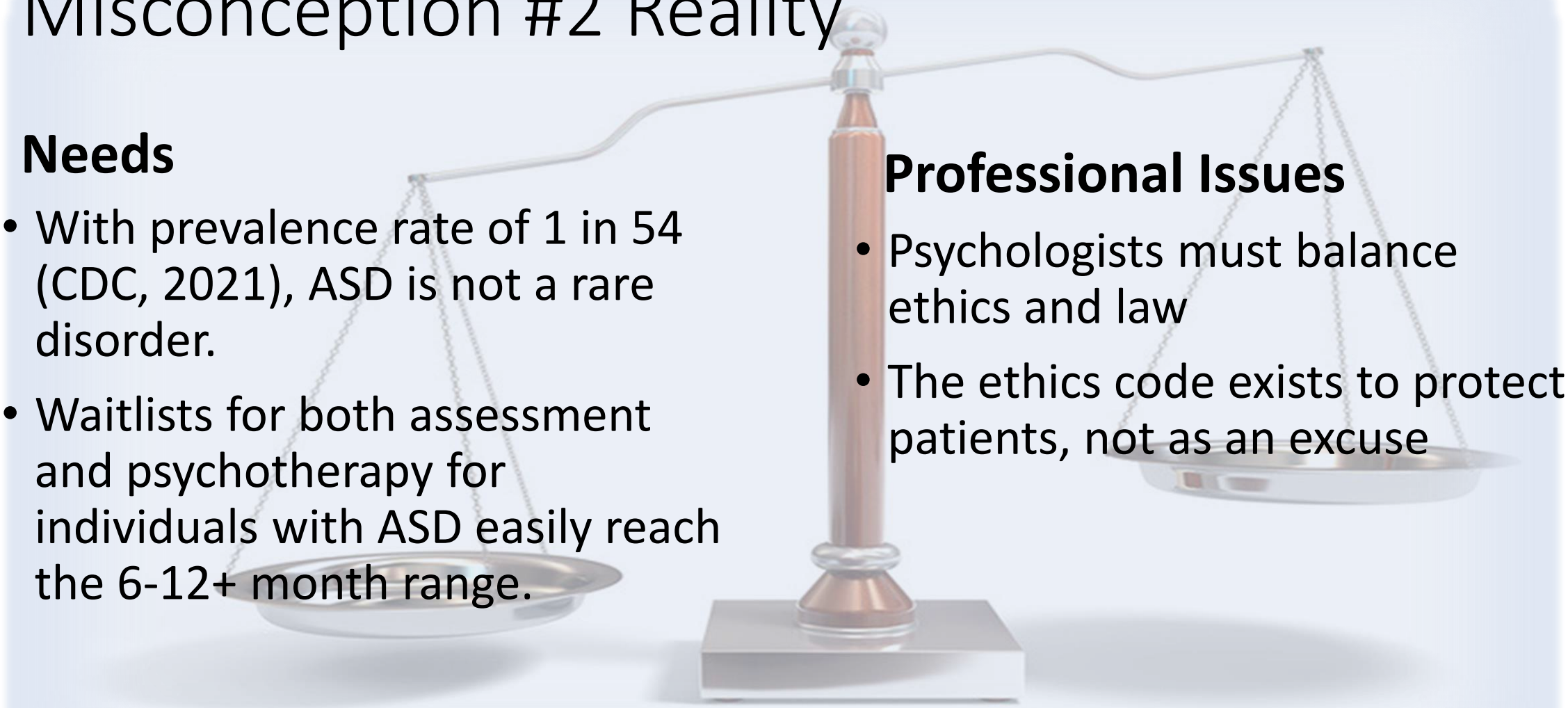
Unpacking Section 2.01 of the Ethics Code

- (c) Psychologists planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.
- (d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation, or study.

Reviewing federal law

- **ADA Title III: Public Accommodations**
- Title III covers businesses and nonprofit service providers that are public accommodations, privately operated entities offering certain types of courses and examinations, privately operated transportation, and commercial facilities. Public accommodations are private entities who own, lease, lease to, or operate facilities such as restaurants, retail stores, hotels, movie theaters, private schools, convention centers, doctors' offices, homeless shelters, transportation depots, zoos, funeral homes, day care centers, and recreation facilities including sports stadiums and fitness clubs...
- Public accommodations must comply with basic nondiscrimination requirements that prohibit exclusion, segregation, and unequal treatment. They also must comply with specific requirements related to architectural standards for new and altered buildings; reasonable modifications to policies, practices, and procedures; effective communication with people with hearing, vision, or speech disabilities; and other access requirements.

Misconception #2 Reality

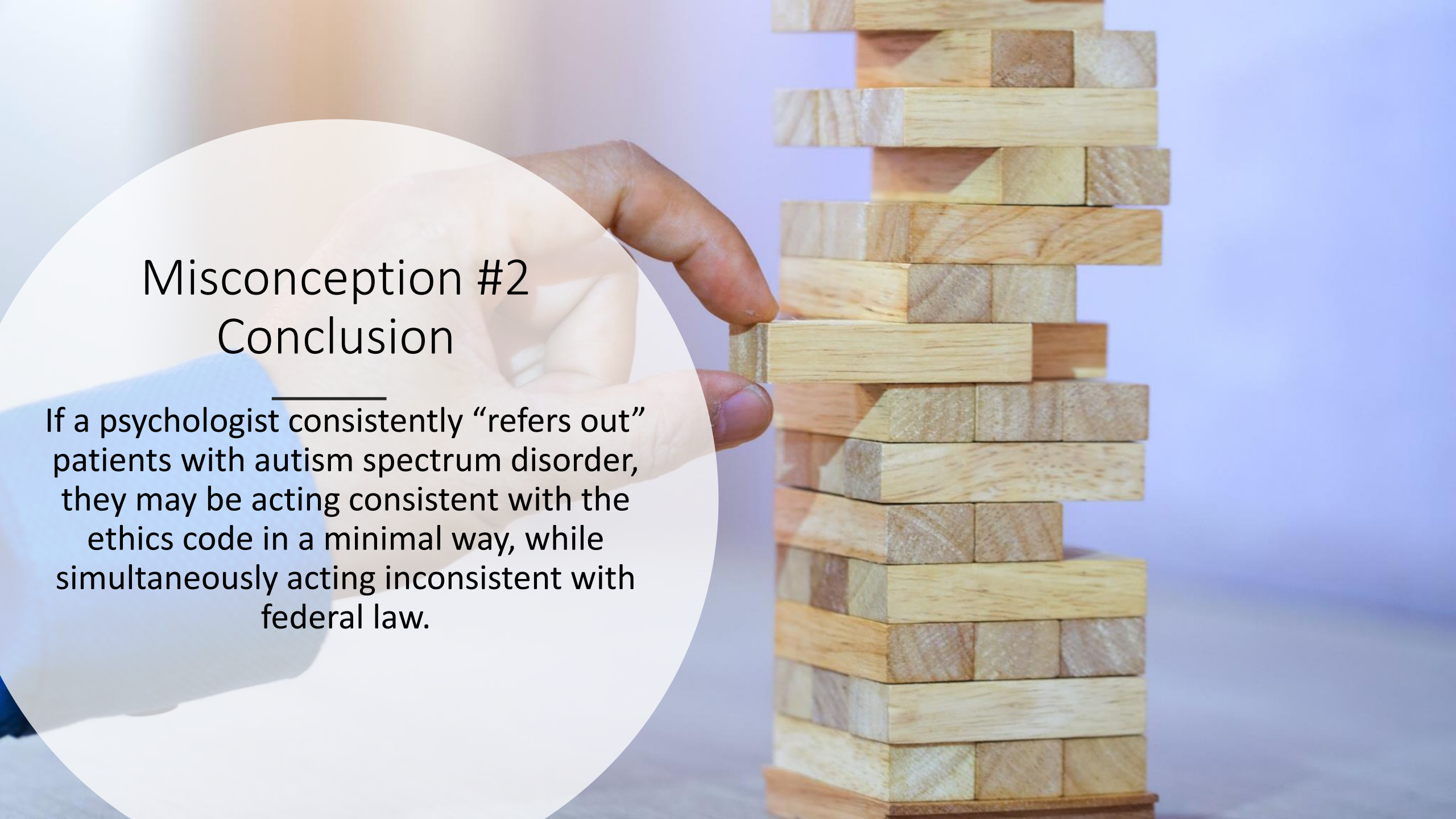


Needs

- With prevalence rate of 1 in 54 (CDC, 2021), ASD is not a rare disorder.
- Waitlists for both assessment and psychotherapy for individuals with ASD easily reach the 6-12+ month range.

Professional Issues

- Psychologists must balance ethics and law
- The ethics code exists to protect patients, not as an excuse



Misconception #2 Conclusion

If a psychologist consistently “refers out” patients with autism spectrum disorder, they may be acting consistent with the ethics code in a minimal way, while simultaneously acting inconsistent with federal law.

Misconception #3

“Autism is over diagnosed”

It’s ADHD

It’s Bipolar Disorder

It’s OCD

It’s giftedness

It’s ODD

It’s Anxiety

It’s trauma

Prevalence

- **National: 1 in 54 (CDC, 2021)**
- **Arizona: 1 in 71 (Southwest Autism Research and Resource Center, 2021)**

Misconception #3

- So what's the issue?
  - "It just doesn't *feel* like autism."
  - Is it better to over diagnose or under diagnose?
    - False dichotomy. It's better to be accurate.
  - Differential diagnosis vs. comorbidities
    - 85% of children with ASD have a comorbid psychiatric diagnosis

Side note:

Autistic Self Advocacy Network (autisticadvocacy.org)

@autisticats on Instagram

#actuallyautistic

Comorbidities

- ADHD: 59% of children with ASD have co-occurring ADHD

- Examples of overlapping behaviors:
  - Reduced eye contact
  - Reduced reciprocity in conversations
  - Difficulty focusing on topics not of interest to them, and/or hyper-focusing on topics of interest
  - Sensory sensitivities

Comorbidities

- Anxiety: 40% (11-84%) of youth with ASD have “clinical anxiety”
  - Social anxiety: present in 30% of those with ASD
  - OCD: present in 17% of those with ASD
    - Children diagnosed with OCD are 4x higher risk to be diagnosed with ASD later on (compared to general population)
  - Examples of overlapping behaviors:
    - Distress over changes or unknown
    - Refusal to engage in situations causing distress (loud sounds)
    - Discomfort meeting or interacting with new people
    - Preoccupations
    - Sensory sensitivities

Hollander & Burchi, 2018; Meier et al., 2015

Other comorbidities

- Depression: Lifetime 48.6%, current 25.9% when study participants report on their own symptoms, much lower otherwise (Hudson et al., 2019)
- Bipolar Disorder: As many as 30% of youth diagnosed with BD meet criteria for ASD (Joshi, 2013)
- Oppositional Defiant Disorder/Disruptive Behavior: 25% of children with ASD (Kaat et al., 2013)

Comorbidities/Differentials specific to adulthood

- In one study, approximately half of participants with an Asperger's presentation met criteria for a personality disorder (Lugnegard, 2012)

Examples:

- Schizoid Personality Disorder
- Obsessive Compulsive Personality Disorder
- Avoidant Personality Disorder
- Borderline Personality Disorder
- Schizotypal Personality Disorder

More on comorbidities…

- Not just psychiatric
- Medical- epilepsy, sleep disorders, gastrointestinal
- Developmental- ID, learning disorders, language disorders
- Genetic…

- Think of the heterogeneity that comes with such a plethora of comorbidities!

Prevalence in sub-populations

Fragile X: up to 60% for males, 14% for females (Marlborough et al., 2021)

22q Deletion Syndrome: 17.9%; up to 50% with some features (Ousley et.al., 2017)

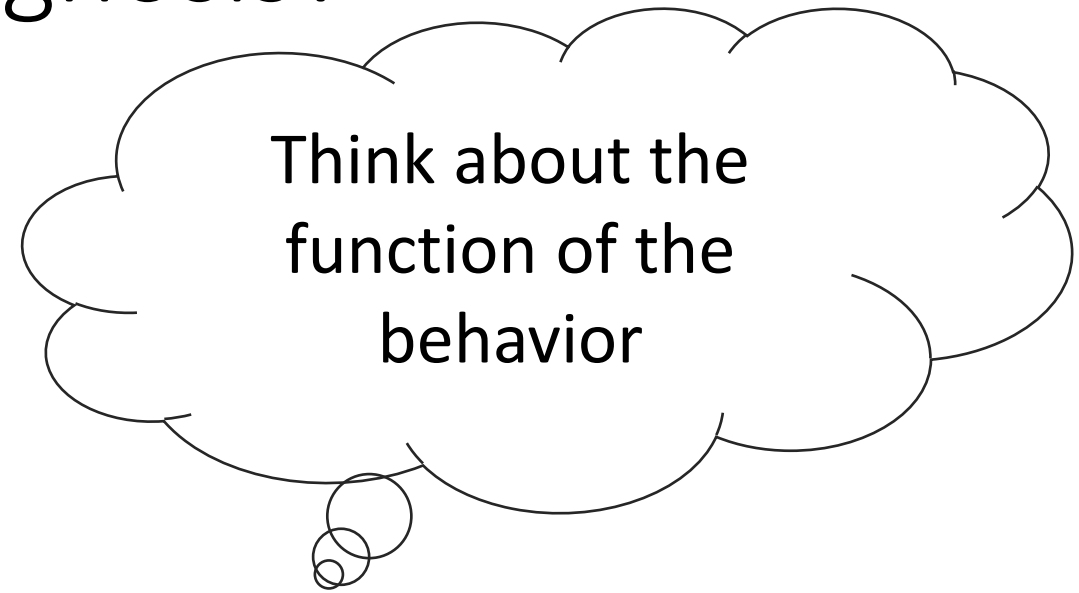
3q29 Deletion Syndrome: 24%

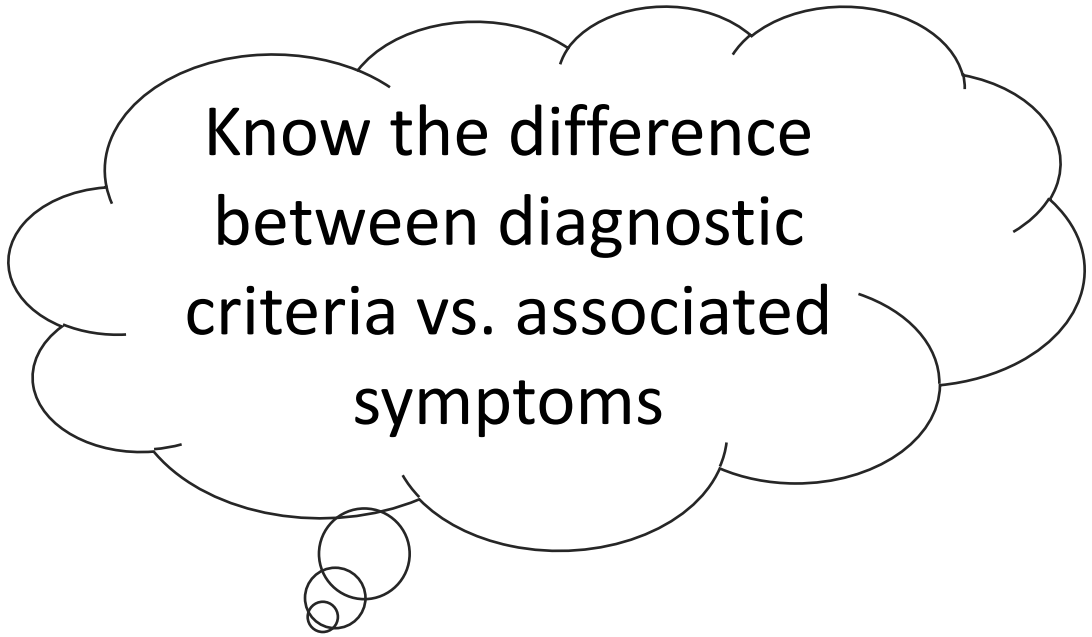
Down’s Syndrome: 20%

Neurofibromitosis Type I: 10.9%

What about differential diagnosis?

- An OCD example…
  - Does the preoccupation cause distress or enjoyment?





- Behaviors aimed at preventing anxiety
- Repetitive patterns of behavior

Sub-threshold features

- Some literature suggest sub-threshold features of ASD may be present in several of the disorders discussed
  - Psychiatric
  - Genetic
- Just remember that DSM-5 diagnoses are really just constructs
- Sometimes focusing on functioning and symptoms is the best we can do

What does autism *look* like?

(DSM 5 Update, 2017)

Criteria and Subtle Examples

Social Reciprocity	Dominating a conversation, not asking questions; non-response or limited response to a social bid
Nonverbal communication Use Understanding	Facial expressions limited or inconsistent with the situation, difficulty “reading the room”
Relationships and imaginative play	Has successful interactions with peers, but no actual friendships; makes friends easily, but not lasting

Criteria and Subtle Examples

Repetitive movements, use of objects, or speech	Repeating phrases from shows, movies, or games (scripting); a singular, persistent fidgeting behavior
Behavioral rigidity	Difficulty coping when plans or schedules change, families feel like they live a scripted life
Restricted interests	Watches/reads a limited selection of shows/movies/topics; collections of seemingly trivial items
Hyper- or hyporeactivity to sensory input	Picky eating, stressed or fatigued by loud or bright places, dislike of gentle touch

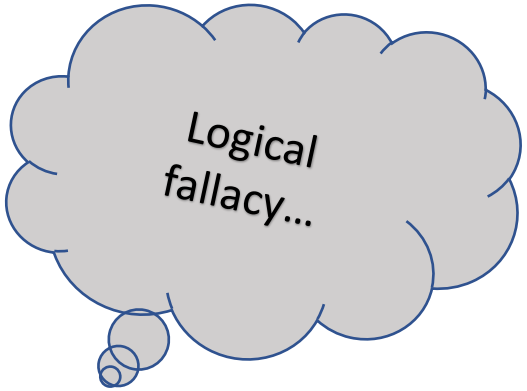
I’m still not so sure….

- Do a screening!
- Southwest Autism Research and Resource Center’s Think Autism/Think Asperger’s

SARRC (ages 8-13)

- Social Communication Questionnaire (ages 4+)
- Autism Spectrum Quotient (Adults)

Misconception #4



"Girls with autism don't always meet diagnostic criteria."

The issue:

Ratio of autistic girls to boys has long been considered to be 1:4, and researchers are starting to question whether that is accurate.

- The reality: Historically, there has been difficulty identifying girls with ASD **without** cognitive impairment due to male bias in expectations (Dean, 2017).
  - Another clue is that among girls who have been identified, they are more likely to have intellectual impairment

- DSM-5 notes possible existence of gender differences, but have not incorporated differences into the actual diagnostic criteria (Head et al., 2014)

What are the differences?

- Some include:
  - Boys with ASD have higher levels of externalizing symptoms
  - Girls less likely to show stereotyped use of objects
  - Girls' restricted interests may be more socially accepted topics or random
  - Girls' use of camouflaging and masking
    - (Dean et al., 2013; Duvekot et al., 2017)

Camouflaging & Masking

Sometimes used interchangeably, but definition differences can be found in the literature:

Camouflaging: " Social approach behaviors;" imitating facial expressions/gestures, following social scripts, speaking more quietly, not making personal remarks, not standing too close to another person (Lai et al., 2017)

- Not specific to females, but used more more possibly because of
    - verbal ability
    - executive functioning (Lai et al., 2017)

Masking: Hiding behaviors that may not be considered acceptable (Stanborough & Klein, 2021)

The fallout

- Camouflaging requires high levels of cognitive efforts → increased stress response, social overload, depression, anxiety, implications in development of self identity;
- “Camouflaging autistic traits is associated with increased risk of experiencing thwarted belongingness and lifetime suicidality” (Cassidy et al., 2020)

Identifying girls

- A greater understanding of camouflaging (behavioral components, presentation, course of development) would improve timely ASD diagnosis/intervention;
- Missed camouflaging signs by clinicians leads to wrongful evidence to rule out autism (Lai et al., 2017)

- Consider social approach vs. social reciprocity

Misconception #5

“Autistic people just need behavioral therapy/ABA.”

The issue: What about the comorbidities?

The reality: Individuals with ASD should be regularly screened and offered treatment for depression [and other comorbid/associated features] (Hudson et al., 2019)

A start to EBT's for ASD Comorbidities

Modality	**Results**	**Modifications**
Behavioral Therapy	Improves sleep and depression in ASD youth	Visual reinforcement systems, visual schedules, visual reminders, task analyses, scripts, role-playing, and modeling
CBT	Inconsistent results for anxiety and depression	Add social skills training to the treatment program, repetition of material, use of visuals, a reward system, and incorporating clients' specific interests into therapy.
DBT-C RO-DBT	Improves mood regulation; Addresses overcontrol that impairs functioning and affects social relationships	*see specific age-based programs (Child Mind Institute, 2021)

A start to EBT's for ASD Comorbidities

Modality	**Results**	**Modifications**
Skills Training	Inconsistent results	
Mentalization-based Therapy	Improves depression	Longer program and breathing exercises, cognitive elements omitted, metaphors avoided. Therapists also assistparticipants in the planning of their mindfulness practice

General Treatment Considerations

- Autistic clients may require more structured activities with written rules; require more visual support/practice/feedback with aspects of social interactions (ex: storytelling); work on gaining more flexibility in social interactions

- Essential to consider the unique dynamics of female social groups and the needs of girls with ASD (Dean et al., 2013)

    - Working on quality of interactions, interpretation of social cues with following adjustment of behavior, and strength-based approaches may benefit girls with ASD in the social setting with peers (Dean et al., 2017)

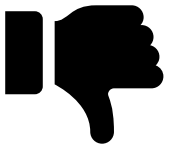
Misconception #6

“I’m not trained in the ADOS so I can’t diagnose Autism”

The reality:

- Clinical reliability of the ADOS ranges from .49 to .75
- It has been found to be insufficiently sensitive in certain groups

- So many other tools
  - Behavior Rating Scales
  - MIGDAS-2
  - AI



But also, bureaucratically, in AZ state agencies often look for very specific documentation (tests and wording).

Circling back

- “It can be really hard to get an autism diagnosis, especially for people of color, women and girls, trans and nonbinary people, and people who figured out they are autistic when they were an adult. It can cost a lot of money, or a doctor may have the wrong ideas about autism and not want to give someone a diagnosis.” Autistic Self Advocacy Network, 2021
- If you see something, say something. Please screen. And please, don’t say “I don’t know what it is, but it’s not autism.”

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Q & A

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