



# Autism & Co-morbidities

Dealing with problems in older children

5<sup>th</sup> NECIC 2014

## Some co-morbidities in autism that may affect mood & behaviour\*

Anxiety	42-56%	Across ages More visible in high-functioning individuals
Depression	12-70%	In older children, adults More common in those who are high-functioning & have better capacity for social interaction
Obsessive-compulsive disorder	7-24%	Have intrusive, obsessive thoughts that create anxiety & affect routines, behaviour
Oppositional defiant disorder	16-28%	Can result from anxiety, not wanting to change May be convinced they are right & lack awareness about the feelings & reactions of others

\*Lai, Lombardo, Baron-Cohen, Lancet 2014: 383



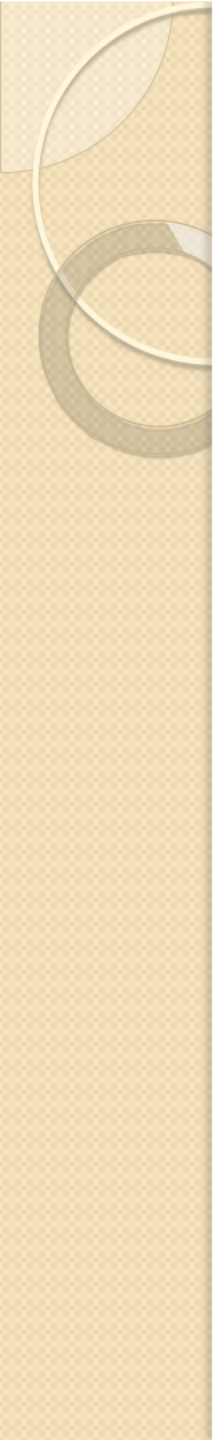
“Ben”, 11 years  
diagnosed to have autism at about 6  
years of age


- Verbal, mild intellectual impairment
- Has been attending school, able to follow instructions
- Also attends occupational therapy for living, self-care skills

# “Ben”, 11 years

- **Recently**

- Refused to go to class; calling for his sister in the school hall
- Kept his sister's books in his school bag so she could not hand in her homework
- Bit his sister
- Stopped following mother's instructions
- Shouts back at mother when she scolds him

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- How would you deal with this situation ?

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- Important to explore child's environment to identify triggers to the behaviour
    - Have there been any recent changes ?

# Further information

## Ben

- Not academically inclined
- Enjoys activities, games

## Sister

- main playmate since early childhood
- Started Standard I this year in a different school nearby

## Mother

- Preoccupied with supervising sister when she does her homework
- Less time to take him out for activities

# Intervention

- Explained to mother that Ben is reacting because he has difficulty adjusting to the new situation
- Suggestions
  - Organise after school care for sister twice a week to free her time so she can take Ben on regular outings
  - Get Ben involved in helping out with simple household chores such as washing ( Ben likes water)
  - Occupational therapist to use behavioural interventions to address his aggressive behaviour

# Aggressive, oppositional behaviour

- May occur at various ages across the spectrum
- Prevention
  - Early intervention to improve functional skills
  - Involved / occupied in regular activities
- Need to look for signs of illness that may be causing pain & discomfort
- Transition & changes in routines may trigger such behaviour

# Would you advocate the use of medication for aggressive behaviour in children with autism ?

A number of medications have been tried

- Some may be effective but may have unacceptable side effects
- Most are not recommended as a long-term solution for aggressive behaviour
- Some drugs such as risperidone may be helpful **when used together with behavioural intervention** to address problem behaviour

*May have side effects of weight gain, abnormal movements*

# “Daniel”, 11 years

- Attending mainstream school
  - Borderline grades
  - Good at drawing
- Upset about school
  - Difficulty making friends
  - Not accepted by peers who find him odd and call him names
  - Sad that he does not win any awards like other students
  - sad about lack of encouragement & praise from the teacher

# “Sam”, 14 years

- Normal intellect, attends secondary school
- Very particular about “following the rules”
  - Reports rule-breakers to prefects & discipline teacher
  - Reported a girl (Sheila) who used a mobile phone in class
- Recently very preoccupied with death, burial & cremation after attending his grandfather’s funeral
  - talks about this all the time

# Sam, 14 years

- Interested in Cindy, Sheila's best friend
- Upset that Cindy refuses to talk to him
- Sad that many of his classmates avoid him

# Depression in autism

- In older children, adults
- More common in those who are high-functioning & better capacity for social interaction
- May arise because they are not accepted by peers and have difficulty forming & maintaining friendships
  - Poor social skills, poor understanding of the rules of social behaviour
  - Lack of sensitivity towards the opinions & feelings of others

# Social skills intervention


- Peer mentoring
  - Teaching peers to interact with child to enhance their social skills
- Social skills groups
  - Learning how to be friendly, engage in conversation, read nonverbal cues
- Video modeling
- Social stories

# Other strategies

- foster development of available talents & skills
  - Recognise achievements

# Sue, 12 years old

- Normal intellect, attending a mainstream school
- Recently learnt about germs & washing hands after admission to hospital for diarrhoea
- Washes hands several times a day to “get rid of germs”
  - Afraid to pick up and touch objects
  - Insists on washing hands after touching every day objects
  - Does not want to participate in games on the school field because it is “dirty”
  - Becomes very anxious and agitated if not allowed to wash her hands



**What is Sue's problem ?**

# What is Sue's problem ?

- Obsessive compulsive disorder (OCD)

# Exposure response prevention

- Strategy that has been used for typically developing individuals with obsessive-compulsive-disorder (OCD)
- Emerging evidence ( small studies with a few subjects) that it can be helpful in managing autistic children with OCD
  - Explore triggers to behaviour
  - Exposure to trigger in small doses
  - Equip child with coping skills / strategies as an alternative to prevent usual response with problem behaviour