

Mental Health and Autism as dual conditions – Implications for effective intervention

**Diagnosing autism is easy BUT
getting it wrong is easier**

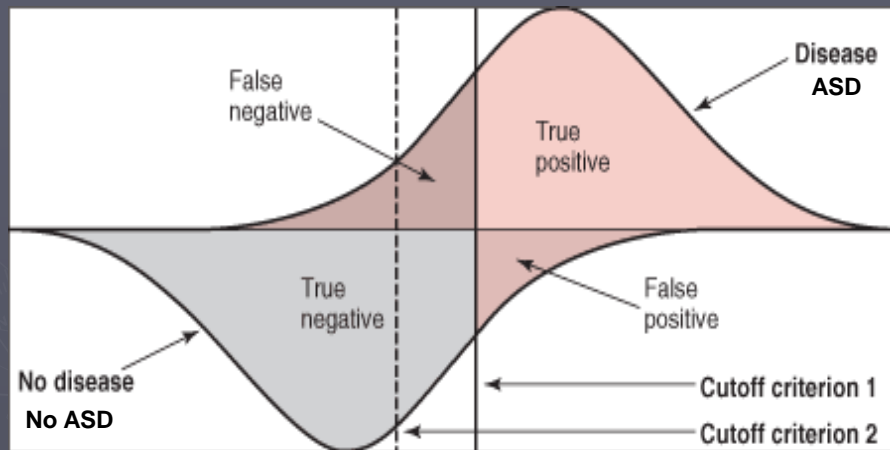
Is it an autism
spectrum disorder?

Is it an autistic trait?
BUT not autism

Is it autism & something other?
A **comorbidity**



False positive – False negative



But only within the last decade psychiatric co-morbidities have receive due recognition

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Gold standard psychiatric measures can fail to measure what they report to measure

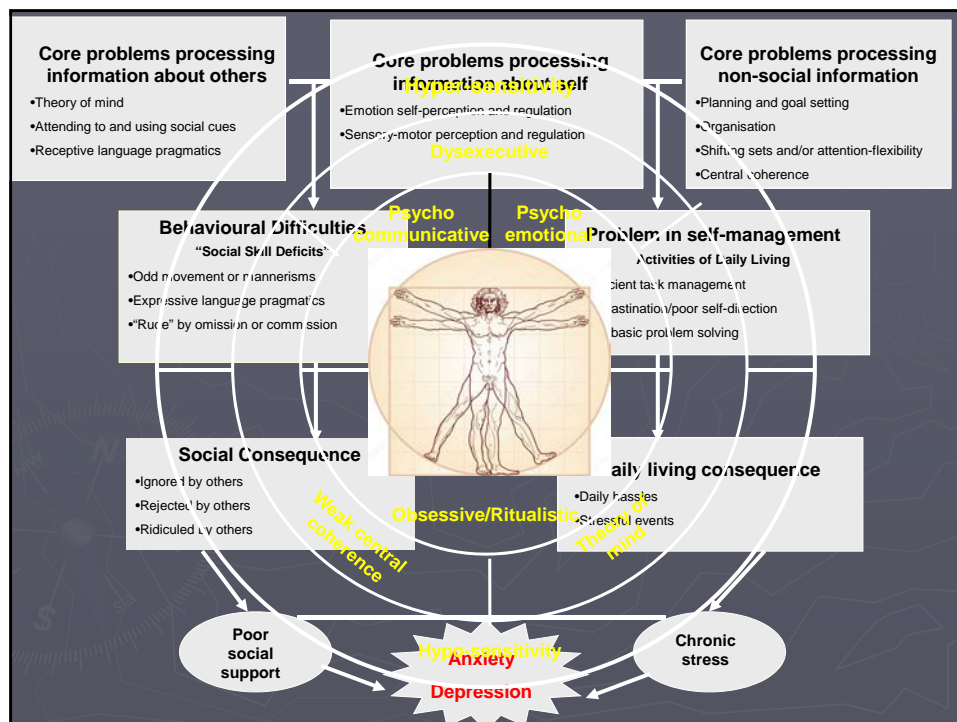


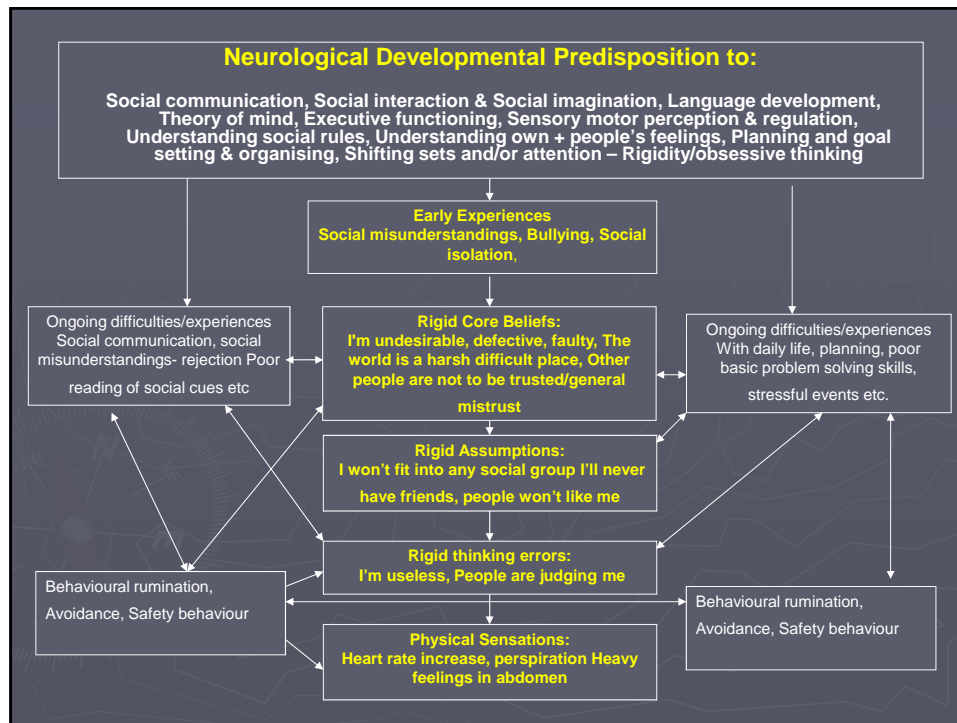
Even when adapted, many questions remained challenging for individuals with ASD as subjectively rating mood and mentalising and expressing complex emotions compromised.

Placing pressure on clinicians to recognise and report psychiatric co-morbidities in the context of ASD – particularly for clinicians without an in-depth knowledge of the autistic spectrum.

As a result individuals with autism may be silently suffering the debilitating effects of depression in the face of effective treatment

What features of Autism impact on our understanding of co-morbid Mental Health?





What features of Autism impact on our treatment of co-morbid Mental Health

First line treatment of choice

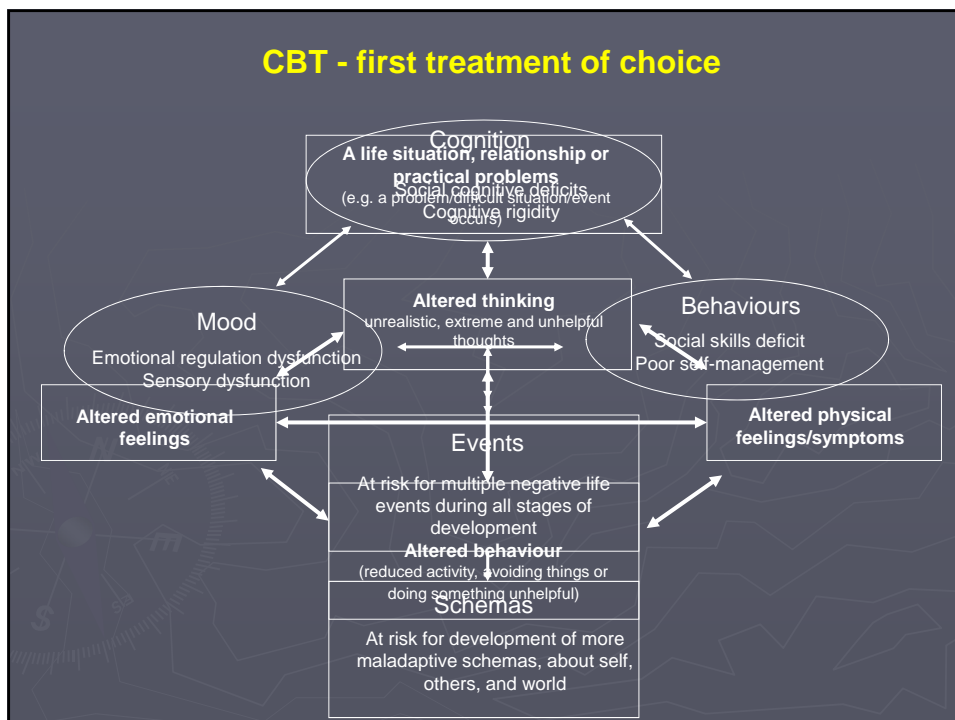
NICE Guidelines

For people without a learning disability, or with a mild learning disability, psychosocial interventions are appropriate for the core features of autism



CBT can help you to make sense of overwhelming problems by breaking them down into smaller parts. This makes it easier to see how they are connected and how they affect you. These parts are:

CBT - first treatment of choice



Significant factors impacting on mental health for people with ASD

Generalised anxiety

- Environmental change
- Physical sensations, over cognition
- Develop emotion/arousal regulation

Depression

- Self esteem interventions
- Identity
- Acceptance

Concrete thought processes can impact on:

- behavioural activation
- Identifying alternative thoughts

PTSD

- May be multiple 'small T' traumas
- May be obsessive rumination on experiences
- Focus on managing memory/flashbacks

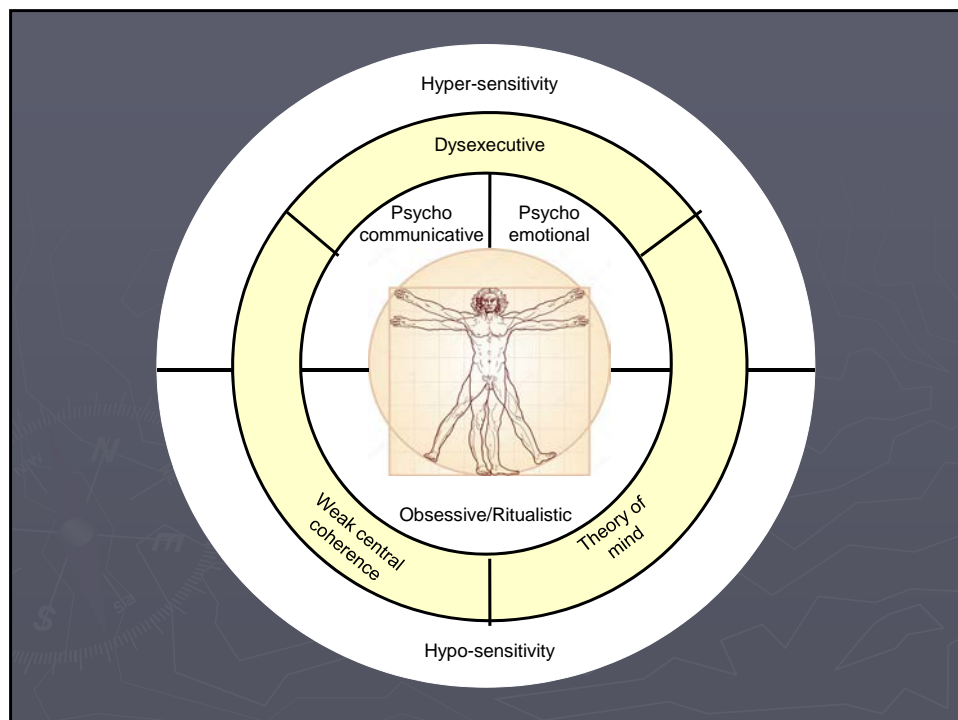
ASD and Mental Health co-morbidity Treatment modification: Implications for intervention efficacy

NICE guidance

For adults with autism and coexisting mental disorders, offer psychosocial interventions informed by existing NICE guidance for the disorder.

Specific adaptations suggested being:

- Increased number of sessions ?
- Behavioural focus ?
- Incorporating special interests where appropriate ?
- Concrete and structured approach ?
- Making rules clear ?
- Involving family members if appropriate ?



Clinician as taxi driver... Tips for a taxi driver...

You pick “users” **up from where they are**

You don’t **need** to know where the “user” has come from in order to help them get to their destination

It’s the “users” job to **know where they want to go**, and you’ll need to ask and listen **carefully** to the answer

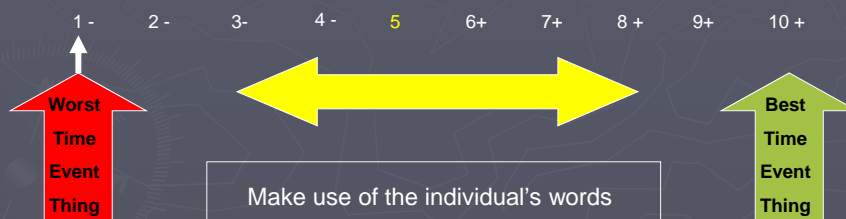
You shouldn’t **force** anyone to take a taxi ride against their will



Difficulties expressing & translating feelings into words

Alexithymia- inability to identify and express or describe one's feelings - typically display a lack of imaginative thought, have difficulty distinguishing between emotions and bodily sensations, and engage in logical externally oriented thought.

Make use of concrete analogies - visual tools
(scaling)



Make use of the individual's words

Give time



to respond

