

# Autism and Co-Occurring Mental Health Conditions

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## Land Acknowledgement



No Financial Disclosures

# Introduction

- ▶ Board Certified Child & Adolescent Psychiatrist
- ▶ Medical Director, Vista Hill Foundation
- ▶ Lead consulting psychiatrist for Native American SmartCare Program, regional partner for Cal-MAP
- ▶ Clinical expertise in co-occurring Developmental Disabilities and Mental Health Concerns



# Native American SmartCare

- ▶ Regional partner for Cal-MAP (<https://cal-map.org>)
  - ▶ Focus on San Diego County and tribal clinics throughout California
- ▶ Pediatric mental health care access programs help to bridge the gap in access to care
- ▶ Program offers
  - ▶ Real time consultation for pediatric PCPs with mental health specialists
  - ▶ Free education/CME offerings
  - ▶ Resource navigation/care coordination

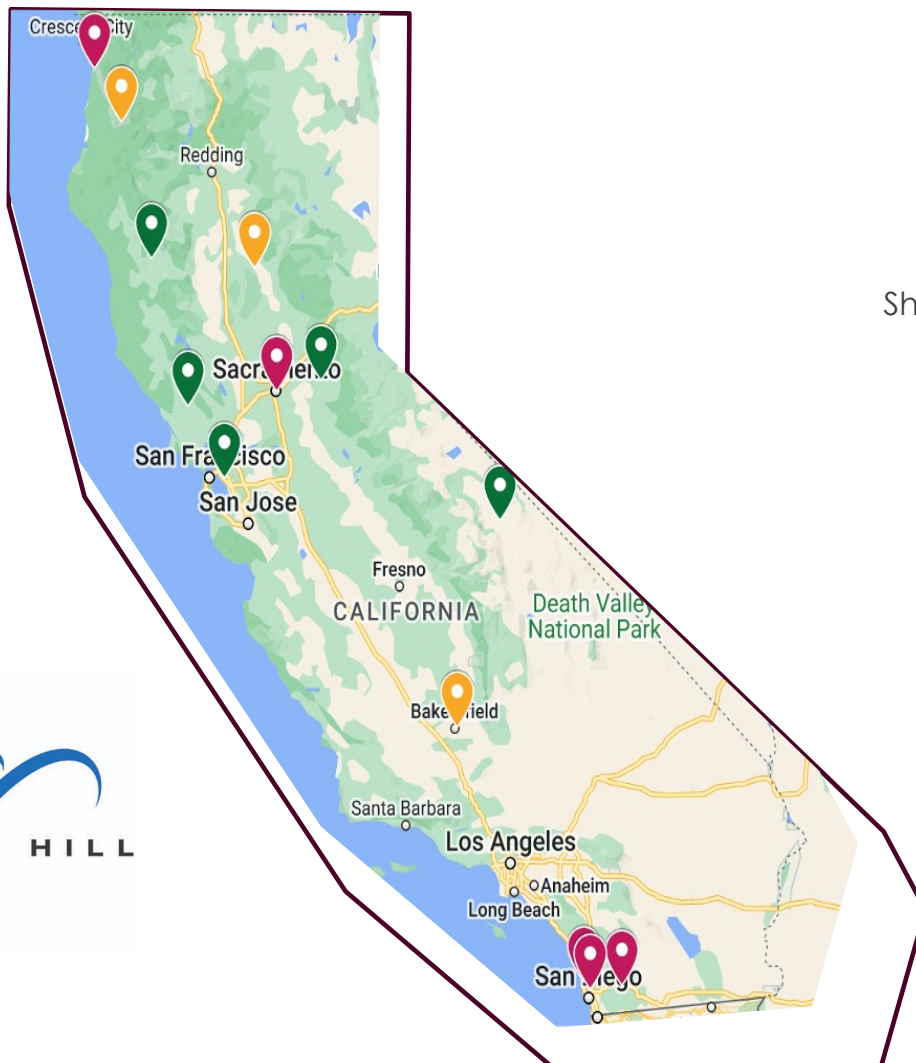




# Native American SmartCare

- ▶ Additional services (through NASC):
  - ▶ Attending clinic treatment team meetings to provide consultations and educational trainings
  - ▶ Scheduling direct patient consultations for complex cases
- ▶ Provider Consultation Line: **888-987-0960**
- ▶ Patient and Caregivers Line: **888-660-6616**
- ▶ **[nativeamerican.smartcare@vistahill.org](mailto:nativeamerican.smartcare@vistahill.org)**

# Native American SmartCare Partners



## Active Sites:

- Native American Health Center (Bay Area)
- Round Valley Indian Health Center
- Sonoma County Indian Health Project
- Shingle Springs Tribal Health and Wellness Center
- Toiyabe Indian Health Project
- K'ima:w Medical Center
- Chapa-De Indian Health
- Bakersfield American Indian Health Project
- Northern Valley Indian Health
- Redding Rancheria Tribal Health Center
- American Indian Health & Services
- Southern Indian Health Council

## Potential Upcoming Sites:

- Sycuan Medical Center
- Feather River Tribal Health

# Objectives

1. Identify common co-occurring mental health conditions that can overlap with autism
2. Define diagnostic overshadowing
3. Develop an understanding for assessment and treatment of co-occurring disorders



**AUTISM**  
**SEEING THE WORLD  
DIFFERENTLY**

# Brief Review of Autism

- ▶ Challenges with social interaction
- ▶ Challenges with verbal and non-verbal communication
- ▶ Specialized interests and repetitive behaviors
  
- ▶ With or without intellectual impairment
- ▶ With or without language impairment
  
- ▶ Concerns before age 3

Autism

[noun]

not a processing error,  
but merely a different  
operating system.

# Levels of Autism



## Three Levels of Autism

**ASD Level 1**  
Require Support



Difficulty in initiating social interactions.

Organisation and planning challenges make it difficult to be independent.

**ASD Level 2**  
Require Substantial Support



Social interactions limited to narrow special interests.

frequent restricted / repetitive behaviours

**ASD Level 3**  
Require Very Substantial Support



Severe challenges in verbal and non-verbal social communication skills.

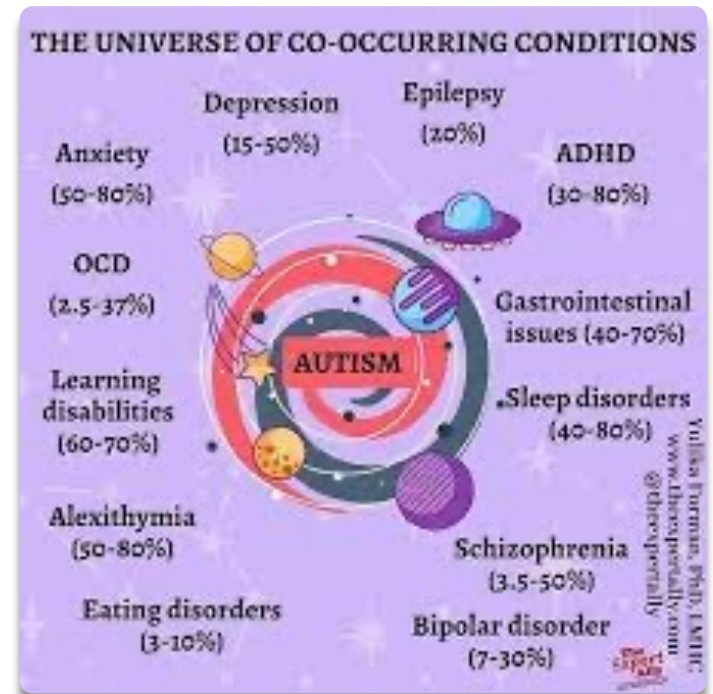
Great distress / difficulty changing actions or focus

When you've met one person with autism, you've met one person with autism" – Stephen Shore



# Co-occurring Mental Health Concerns

- ▶ High rate of co-occurrence between autism and mental health conditions
- ▶ Important because presentation can be different than for each seen alone





# Risk Factors for Co-occurrence

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Not engaging in autism interventions

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Excessive masking/camouflaging

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Lack of personal acceptance of autism diagnosis

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Unmet support needs

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Family history of mental health conditions

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Trauma

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Co-occurring intellectual disability

# Autism and Psychiatric Co-Morbidities

## Higher rates compared to the general population

- Depression
- Anxiety
- OCD (Obsessive Compulsive Disorder)
- ADHD (Attention Deficit Hyperactivity Disorder)

## Similar rates compared to the general population

- Bipolar Disorder
- Schizophrenia
- Eating Disorders
- Substance Use Disorders

# Separate Diagnosis or Part of Autism?

- ▶ Causing impairment?
- ▶ Symptom worse than expected for level of functioning based on developmental abilities?
- ▶ Mood and anxiety symptoms can present with aggression, self injury, and dysregulation
- ▶ Avoid diagnostic overshadowing



# Non- verbal Patients

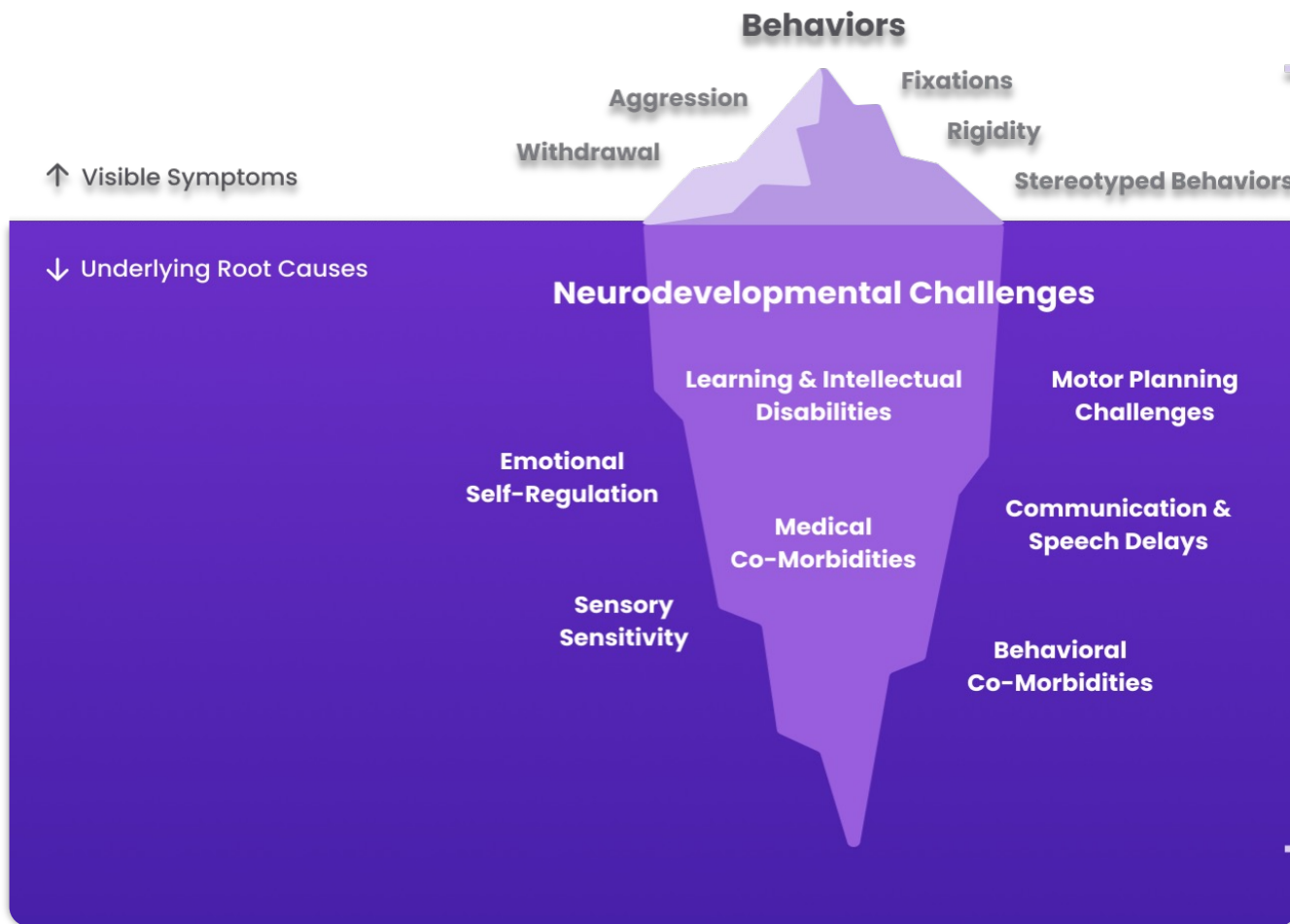
Medical review of systems and work-up of new symptoms

Assess for changes in sleep and appetite patterns

Assess for differences across different environments

Ask caregivers

# Look Beneath the Surface



# Goals of Intervention

- ▶ Movement away from “cure”
- ▶ Shift away from deficits to differences
- ▶ Core symptoms are not necessarily problematic
- ▶ Focus on managing concerning co-occurring symptoms
- ▶ Goals based on child and family preferences
- ▶ Less focus on number of hours of intervention



# How to Choose

- ▶ Project AIM
  - ▶ Improvement in social communication
- ▶ Naturalistic/play-based
- ▶ Parent involvement
- ▶ Focus on generalizing skills



# Medication and Autism

- ▶ No medication to treat core features of autism
- ▶ Medication to treat mental health concerns that can co-exist with autism
  - ▶ Anxiety, mood symptoms, inattention, impulsivity, aggression, psychosis



# General Principles

- ▶ Exhaust other non-medication options first when possible
- ▶ Have measurable “good” target symptoms
- ▶ May not have specific diagnosis, but target is cluster of symptoms with underlying cause
- ▶ Try to pick a medication with a safe side effect profile
- ▶ “Start low and go slow”
- ▶ Understand timeline to effect
- ▶ Use medication for as short of a time period as possible

# Choosing a Medication

- ▶ More susceptible to side effects
- ▶ Aggression and self-injury can respond well to antidepressants if underlying mood or anxiety component
  - ▶ Use antipsychotics as last resort
- ▶ Given possible sensory concerns, may not respond as well to stimulants for symptoms of ADHD
  - ▶ If ADHD and Autism, consider non-stimulant

# Irritability in Autism

- ▶ Severe aggression, self injury and mood lability related to Autism
- ▶ FDA approved two antipsychotic medications as treatment for Irritability in Autism
- ▶ Consider other medication classes first if appropriate
  - ▶ Alpha agonists, SSRIs

# Treating Co-occurring Conditions

- ▶ Treatment is similar whether autism is present or not
- ▶ SSRI for underlying anxiety/depressive disorder
- ▶ Alpha agonist/beta blocker for impulsivity/behavioral dysregulation
  - ▶ Decreasing physiological symptoms can decrease psychological symptoms
- ▶ Stimulant and non-stimulant medications for ADHD symptoms
- ▶ Traditional mood stabilizer for mood lability, aggression
- ▶ *Use antipsychotic medications as last resort for as short a time as possible*

# Suicidality and Autism

- ▶ Higher risk for suicidal ideation and attempts
- ▶ Independent of co-occurring diagnosis
- ▶ Risk factors are similar to those for co-occurrence
- ▶ Protective factors include:
  - ▶ Acceptance
  - ▶ Support needs met



# Autism and Gender Diversity

- ▶ Autistic people are likely than NT people to be gender diverse
- ▶ Gender diverse people have higher rates of autism than their cisgender peers
- ▶ Underscores the importance of asking about gender identity because both populations at higher risk of suicide

# Adaptive Therapy

- ▶ Connect the dots more
- ▶ Frequent reviews of covered material
- ▶ Involve caregivers
- ▶ Use visuals
- ▶ Ask them to put themselves in the other person's shoes
- ▶ Incorporate sensory breaks/access to fidgets
- ▶ Help patients see positives related to their autism



# Other Important Resources

- ▶ School district
- ▶ Regional Center
- ▶ Support for parents



# Take Homes

- ▶ Brief review of autism
- ▶ Identifying co-occurring mental health conditions
- ▶ Understanding diagnostic overshadowing
- ▶ Effective treatment for co-occurring disorders





Questions/Discussion?