



# **Supporting the mental health of a neurodivergent person with co-occurring Autism and ADHD**

## **MHPN WEBINAR**

Wednesday 26<sup>th</sup> June 2024

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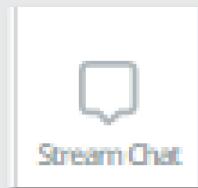


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## Learning outcomes



*The webinar will provide the audience the opportunity to:*

- Discuss how to identify, assess and diagnose co-occurring Autism and ADHD.
- Discuss strategies to support co-occurring Autism and ADHD with emotional, behavioural and executive functioning regulation.
- Outline the benefits of using a multidisciplinary approach when assessing, treating and supporting the mental health of people living with Autism and ADHD.

### ***Disclaimer***

The content in this webinar is for educational purposes only and does not constitute medical advice.

If any content in tonight's webinar causes distress, please seek care with your GP, local mental health service or Lifeline 13 11 14.

### Building Rapport

- Oscar is likely to be withdrawn or anxious.
- Eye contact can be intimidating.
- A separate consultation with family might be useful.
- Take a strengths and interests approach to break the ice - talk about Fortnite!



Dr. Andrew Leech



### Review the Diagnosis

- Take a developmental history to understand more about ADHD and Autism in Oscar.
- What else could be going on?
- Impact of sleep, screens and diet.
- Consider medical and psychological comorbidities (psychosis, depression, anxiety).



Dr. Andrew Leech



### Help Oscar understand what is going on

- Oscar may be confused.
- Loss of self esteem.
- Stigma is still very real.
- Give Oscar praise for how far he has come and hope for good things in the future.
- How could we help Oscar talk about what he is going through?



Dr. Andrew Leech

## Investigations

- Mental Health Screening Questionnaire
- Pathology Testing - Iron, Thyroid, Full Blood Picture and Infection Markers, B12 and Folate, Blood Sugar, Kidneys and Liver function, Urine culture
- ECG
- Audiology
- Vision
- Urine Drug Screen?



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## Referrals

- **Psychology** - Mental Health Plan or NDIS
- **Psychiatry** - to review medication
- Occupational Therapy
- Support Worker
- Exercise Physiology
- Social Groups



Dr. Andrew Leech



## Management

- Review medication.
- Put medication responsibility back to parents.
- Home medication review and blister pack.
- Health assessment.
- Consider an Antidepressant.
- Consider medication for sleep, such as melatonin.



Dr. Andrew Leech



## A Clinical Psychologist's Perspective



- Psychoeducation on Autism and ADHD from a Neurodiversity Affirming lens for Oscar and his support system.
- Does he understand himself and his needs? Has anyone done any psycho-education? Can he recall it as an adult?



Monique Mitchelson

## A Clinical Psychologist's Perspective



- Referral to an Occupational Therapist – Sensory assessment and functional capacity assessment, strategies for tasks of daily living.
- Executive functioning assessment using the BRIEF and profile of strengths and difficulties.
- Executive functioning strategies and scaffolding.



Monique Mitchelson

## A Clinical Psychologist's Perspective



- Medication – psychoeducation, what are the barriers, any previous negative experiences? Sense of agency?
- GP
- Psychiatrist



Monique Mitchelson

## A Clinical Psychologist's Perspective



- Referral to a Psychologist to explore coping with change and uncertainty, anxiety and low mood, and the impact of loss of employment on his self-worth and identity, as well as loss of time spent on his special interest.
- Has he had any previous mental health support or education?
- Social supports - has he been linked to the Neurodivergent Community or those who share his special interests?



Monique Mitchelson

## A Clinical Psychologist's Perspective



- Disability employment services
- Ongoing support into adulthood and need for increased supports at transitions



**Monique Mitchelson**

## An OT's Perspective



# OT Process: Assessment, Intervention, outcome/evaluation.

### **Referral snapshot:**

#### Presenting situation:

22-year-old male-presenting individual.

No formal supports.

Previously employed, positive feedback from employer regarding technical knowledge, stock management.

Autistic and ADHD individual - previously diagnosed as Level 1 Autistic, low support needs.

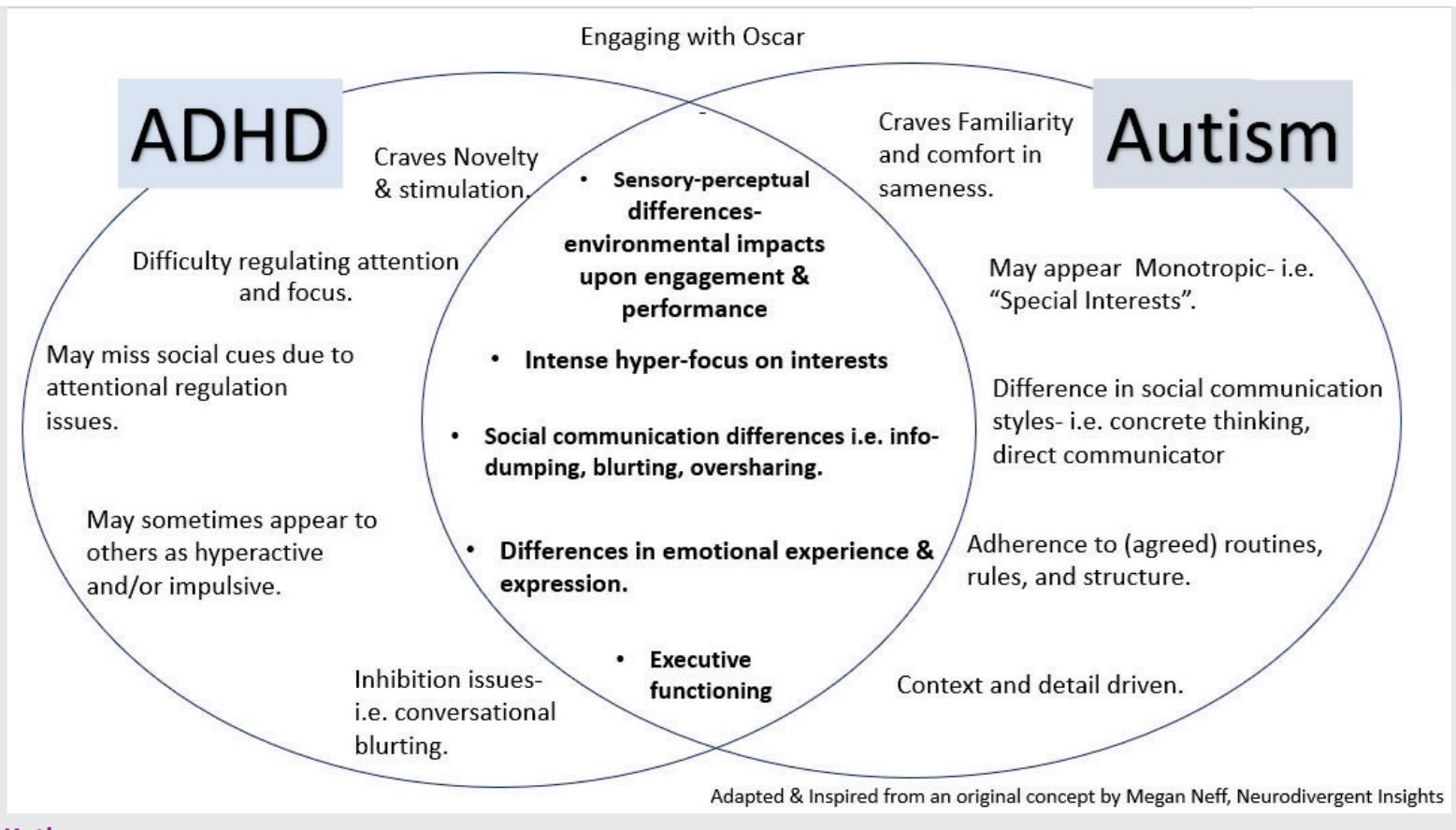
Presenting with family reported behaviours of concern following recent redundancy.

Previous self-harm at school with cessation of supports and increased demands.



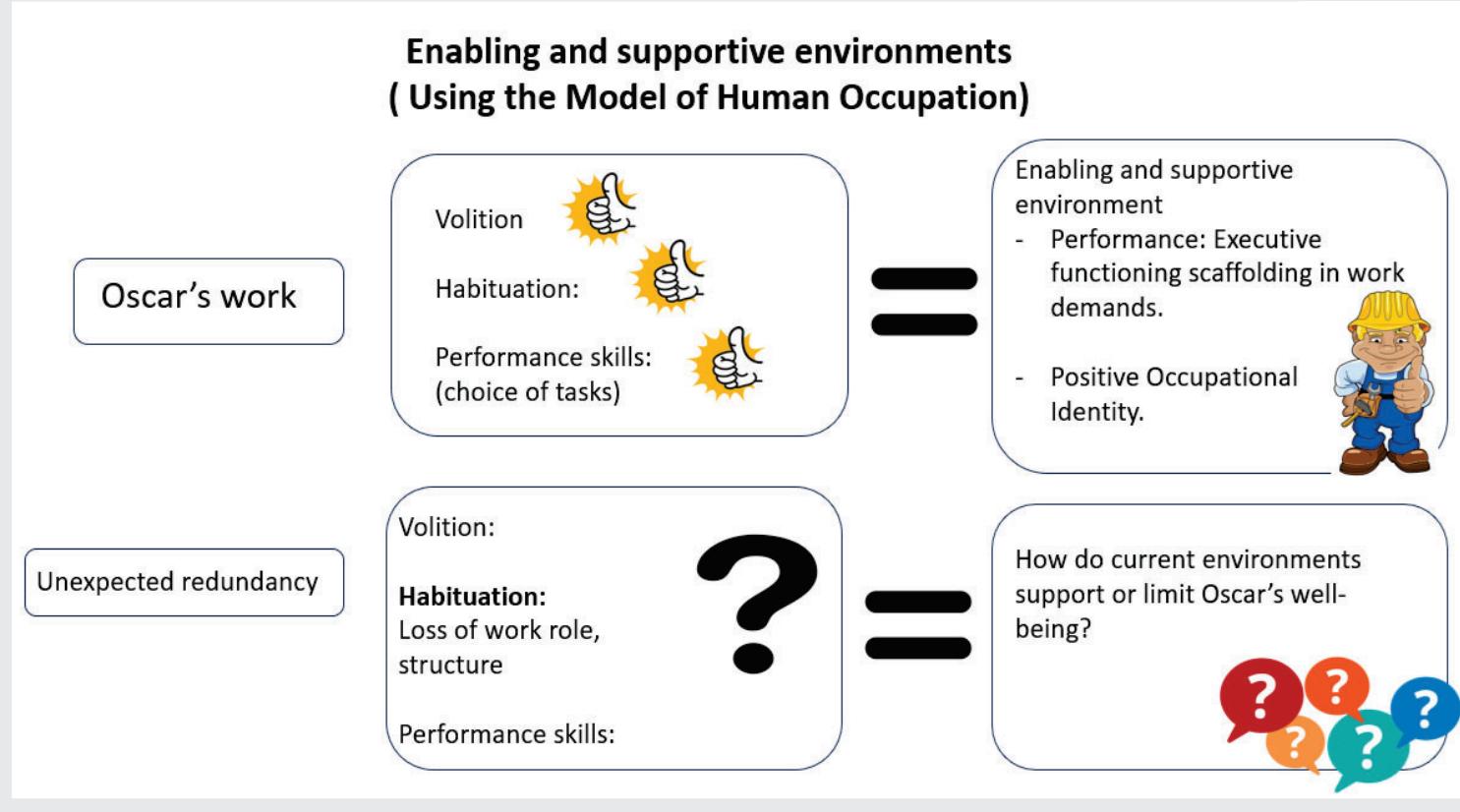
**Emma Ketley**

# An OT's Perspective



Emma Ketley

# An OT's Perspective



Emma Ketley

## An OT's Perspective



Consider...

FOR TREATMENT PLANNING WITH OSCAR....

Autistic Burnout ?

OR...

Depression?



Emma Ketley



# An OT's Perspective



## Assessment

- The function and background of “behaviours of concern” (i.e. sleep cycle disruption, gaming++, not taking meds).
- Identify current strengths and enabling environments.
- Occupational interview with Oscar, WHODAS, Sensory Profile, Functional assessment to see EF skills in Practice, Home Visit, screening and consideration of co-occurring health issues.

## Intervention

- Relational safety: client led; Strengths focused.
- Address emotional overwhelm and Burnout first: Decrease demands, Increase supports; identify GLIMMERS.
- Work with nominated supports.
- Ongoing MDT Communication.

## Outcome/ Evaluation

- Review progress: consider behavioural activation and Capacity building needs.
- Provide Consultancy, advocacy, and support: for example:
  - NDIS application
  - D.E.S referral; or readiness for work support or consult with employers.
  - or Exploring study: letters of support, requests for accommodations.
- Referral to other Professionals as required.



Emma Ketley

### Co-occurring ASD and ADHD

- Diagnosis of ASD and ADHD was not permitted by DSM-IV – revised in DSM-5<sub>1</sub>.
- A meta-analysis estimated pooled prevalence of ADHD in Autism to be 38.5%<sub>2</sub>.
- Limited literature in regards to this population.
- Many possible explanations for the relationship between ASD and ADHD<sub>1,3</sub>.



Dr. Joe McDonald

### First impressions and issues

- Noted difficulties in occupational and interpersonal functioning.
- Difficulties with emotional regulation resulting in self-harm.
- Decline in mental state following termination of employment.
- Parents assist in assisting with occupational functioning.
- Appears to have limited social supports outside of family.



Dr. Joe McDonald

# A Neuropsychiatrist's perspective



## Assessment

- Consider approach – informants, confidentiality, length of appointment, need for breaks and setting.
- Ascertain symptoms of concern and their timeline.
- Identify potential psychiatric comorbidities.
  - Depressive disorders, anxiety, sleep disorders, obsessive compulsive disorder, ARFID, substance use disorder, psychosis, bipolarity and catatonia.
- Establish baseline and beware of diagnostic overshadowing.
  - For depressive disorders consider anhedonia, SI, psychomotor disturbance, change from baseline and age of onset.
- Risk assessment.



Dr. Joe McDonald

# A Neuropsychiatrist's perspective



## Assessment

- Medical comorbidities – epilepsy, tics, hypothyroidism.
- Current medications, history of side effects and discontinuation.
- Family history of mental disorders.
- Review diagnosis of ASD and ADHD and developmental history.
- Examination
  - Posturing, rigidity, mutism and other features of catatonia
  - Signs of self injury
  - HR, BP, weight and BMI
- Review of relevant pathology.



Dr. Joe McDonald

## Management

- Multidisciplinary input required
  - Psychology, Occupational Therapy, Speech Pathology
- Management guided by formulation and identify supports.
- Limited guidance from the literature regarding pharmacotherapy in individuals with co-occurring ASD and ADHD.
- Cautious titration to be considered, higher rates of adverse effects and difficulties tolerating treatment can be seen in practice<sup>4,5</sup>.
- Consider risks and more frequent follow up may be required.



Dr. Joe McDonald

# A Neuropsychiatrist's perspective



## References

1. Antshel, K. & Russo, N. (2019). Autism Spectrum Disorders and ADHD: Overlapping Phenomenology, Diagnostic Issues, and Treatment Considerations. *Current Psychiatry Reports*, 21(5), 34.
2. Rong, Y., Yang, Chang-Jiang. & Yue Wang, Y. (2021). Prevalence of Attention-Deficit/Hyperactivity Disorder in individuals with Autism Spectrum Disorder: A meta-analysis. *Research in Autism Spectrum Disorders*, 83(3), 101759.
3. Reierson, M. & Todd, R. (2008). Co-occurrence of ADHD and Autism Spectrum Disorders: Phenomenology and Treatment. *Expert Reviews of Neurotherapeutics*, 8(4), 657-669.
4. Young et al. (2020). Guidance for Identification and Treatment of Individuals with Attention Deficit/Hyperactivity Disorder with Autism Spectrum Disorder Based Upon Expert Consensus. *BMC Medicine*, 18(1), 146.
5. Thapar, A., Livingston, L., Eyre, O. & Riglin, L. (2023). Practitioner Review: Attention-Deficit Hyperactivity Disorder and Autism Spectrum Disorder – The Importance of Depression. *The Journal of Child Psychology and Psychiatry*, 64(1), 4-15.



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