

# Autism and Psychosis

How do they intersect?

## NM START Program Learning Forum

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# START Model

The START (Systemic-Therapeutic-Assessment-Resources-Treatment) model is an evidence-informed model of integrated community crisis prevention & intervention services for individuals ages 6 and older with intellectual and developmental disabilities and mental health needs.

START was first developed in 1988 by Dr. Joan B. Beasley and was cited as a best practice in the 2002 US Surgeon General's report and by the National Academy of Sciences in 2016.

The **National Center for START Services** at the UNH Institute on Disability oversees the development, measurement and quality of START programs across the country.

# Objectives

- Define “psychosis” and common diagnoses associated
- Describe possible side effects of medications
- Describe unique presentation in ASD/IDD population
- Discuss possible strategies for treatment and support.

# What is Psychosis?

- Collection of symptoms that affect the mind, and involves some disconnection with reality.
  - Hallucinations
  - Delusions
  - Nonsensical or incoherent speech.
- Between 15 and 100 people out of 100,000 develop psychosis each year.
- Psychosis often begins in young adulthood when a person is in their late teens to mid-20s.

# Warning Signs (Prodromal Phase)

- Suspiciousness, paranoid ideas, or uneasiness with others
- Trouble thinking clearly and logically
- Withdrawing socially and spending a lot more time alone
- Unusual or overly intense ideas, strange feelings, or a lack of feelings
- Decline in self-care or personal hygiene
- Disruption of sleep, including difficulty falling asleep and reduced sleep time
- Difficulty telling reality from fantasy
- Confused speech or trouble communicating
- Sudden drop in grades or job performance



# Psychosis

Schizophrenia

Substance  
use


Medications

Other Mental  
Health  
Conditions




# Characteristics of Autism

- Social Characteristics
  - Difficulty understanding social cues
  - Having a hard time making friends or preferring to be alone
  - Trouble connecting to others emotionally
- Other Characteristics
  - Hypersensitivity to sensory input
  - Hyper focus on activities
  - Echolalia (word repetition)



# Characteristics of Schizophrenia

- Positive Symptoms
    - Hallucinations
    - Delusions
  - Negative Symptoms
    - Blunted affect
    - Alogia
    - Anhedonia
    - Avolition
    - Asociality
- 



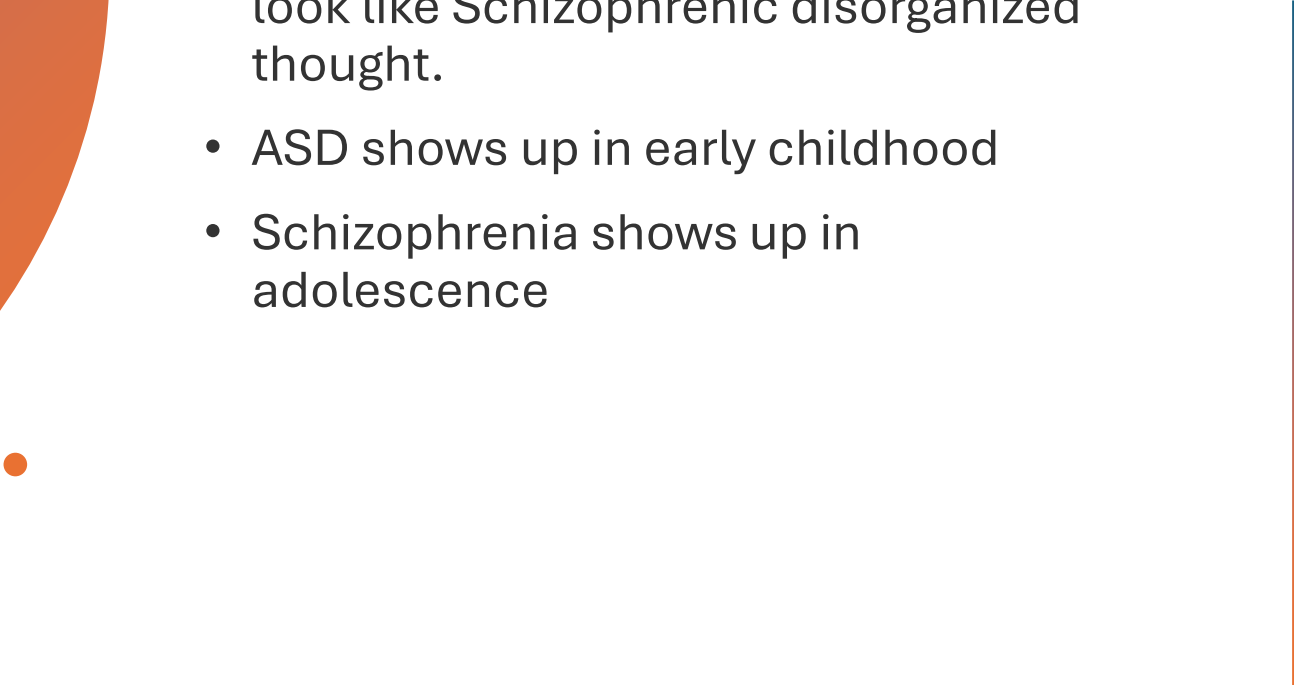
## Autism or Schizophrenia?

- Autism Features
- Stemming
- “Imagination”
- Inability to connect to emotions
- Different ways of connecting socially

- Schizophrenia Features
- Repetitive behaviors
- Hallucinations
- Emotional blunting
- Delusions



# So, Which Is It?

- Overlapping presentations
  - Look at the cause of the behavior
  - Is it a psychotic symptom or an ASD behavior
  - Underdeveloped language in ASD can look like Schizophrenic disorganized thought.
  - ASD shows up in early childhood
  - Schizophrenia shows up in adolescence
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# Is It My Family?



## **Genetic possibility**

ASD would present differently

Not likely for ASD

Schizophrenia may have genetic components



**Families with ASD have a  
higher likelihood of  
Schizophrenia, Bi-Polar,  
and depression or anxiety**

# Psychosis vs. Schizophrenia

- Psychosis in ASD is not necessarily Schizophrenia
- Psychosis in ASD is more prevalent than Schizophrenia in ASD
- ASD with psychosis is different than ASD or Schizophrenia
  - Presentation is different
  - Fewer stereotyped behaviors
  - More emotional involvement than non-psychosis ASD



# Things that help

- Peer Support
  - Normalizing
  - Feeling heard and understood
  - Role model
  - Increases rapport building
- Supportive Therapy





# How do you make therapy supportive?

## Consistency

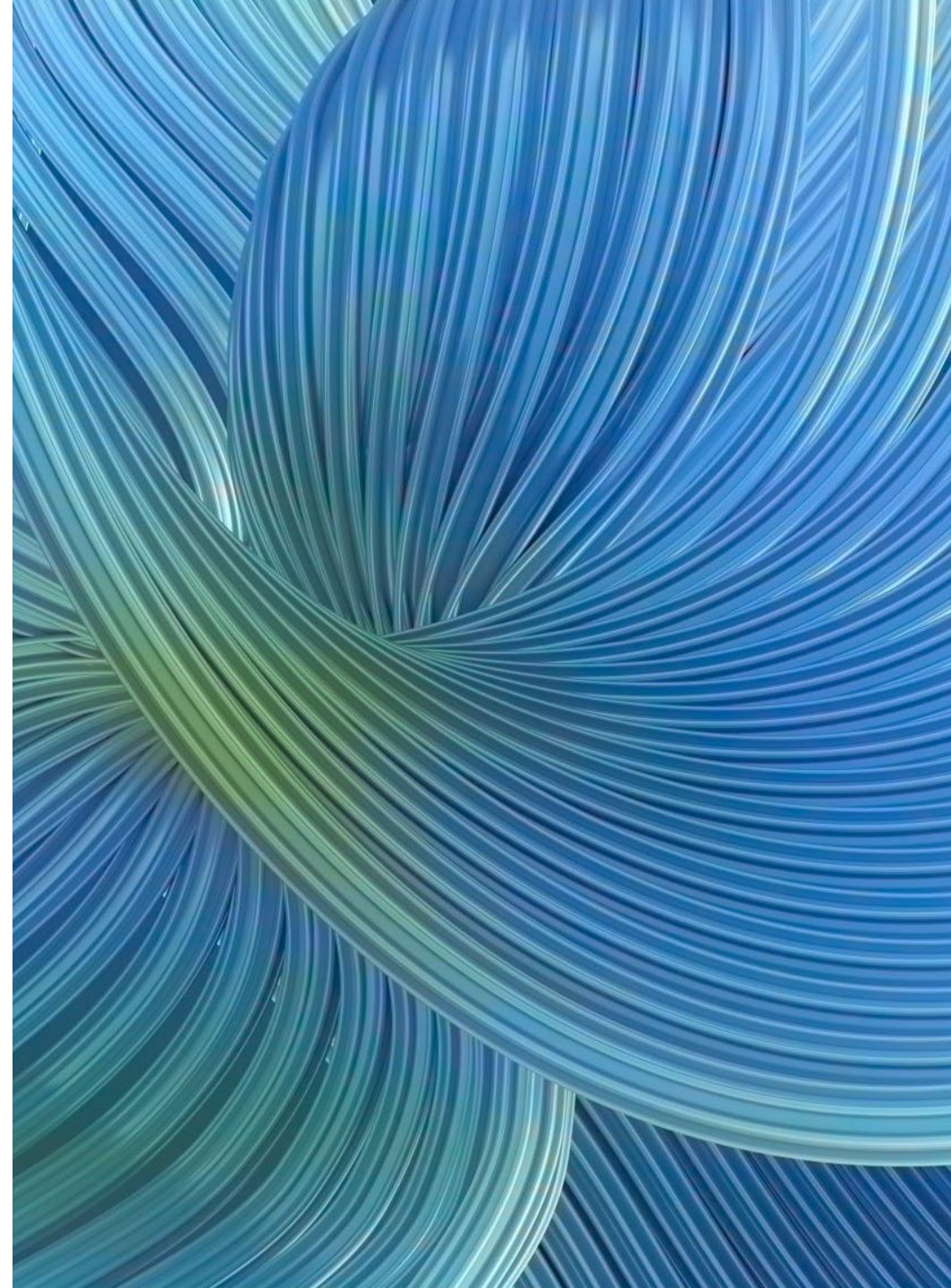
- Same place, time, day, therapist

## Give a Head's Up

- Letter confirming first appointment
- Picture of counseling agency building and directions
- Who will the person be meeting with?

## In Session

- Time for small talk – what does the person like to talk about?
- Clarify understanding
- Accessible language



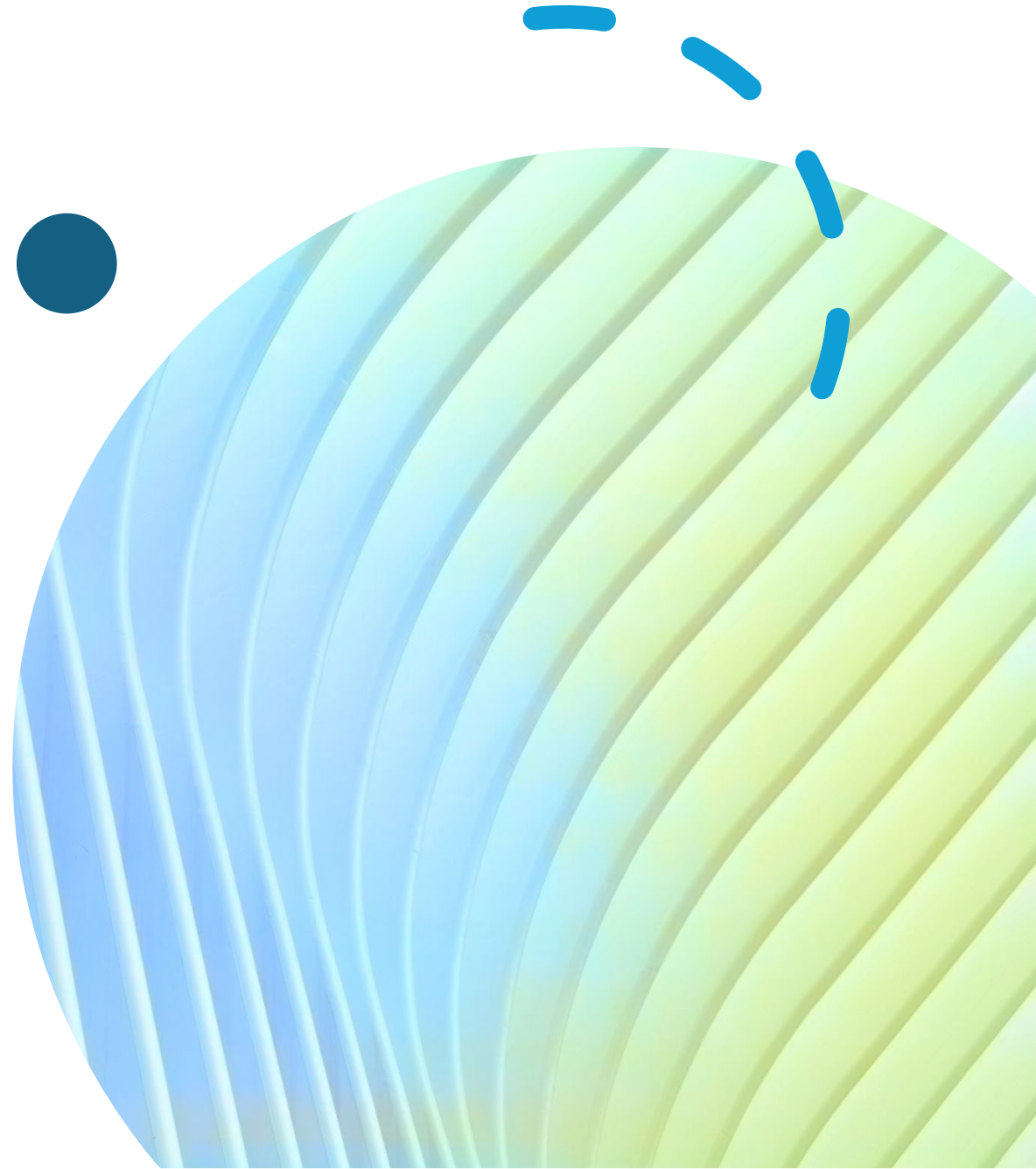
# Supportive Therapy (continued)

## What are we doing?

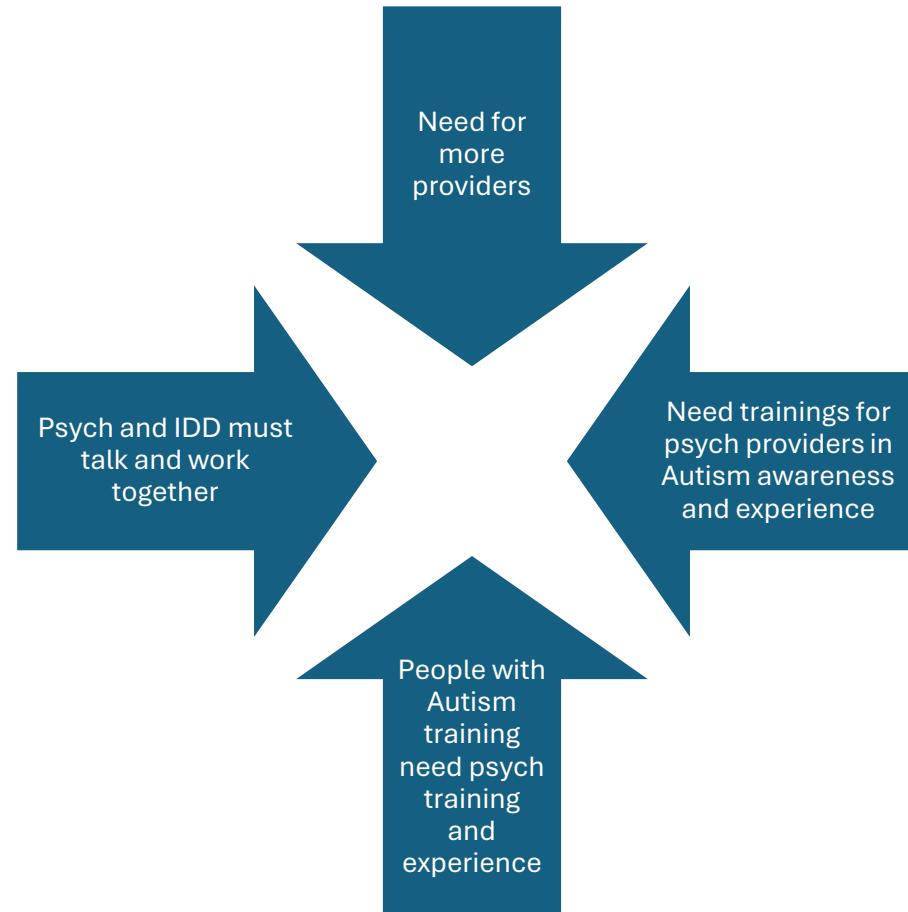
- Set small specific goals
- Teach then practice skills
- Autism relevant formulation
- Explain terms in accessible language

## Other considerations

- May need shorter, more frequent sessions
- Some need longer sessions
- Communication styles of both therapist and person being supported



# What happens next?





# Side Effects of Antipsychotic Medications

	Extrapyramidal	Sedation	Weight gain	Hyperglycaemia	Anticholinergic	Orthostatic hypotension
<b>Atypical antipsychotics</b>						
Risperidone	●●	●● initially	●●	●●	●	●● initially
Quetiapine	●*	●●●	●●	●●●	●●	●●
Olanzapine	●	●●●	●●●	●●●	●●●	●
Clozapine	●	●●●	●●●	●●●	●●●	●●
Amisulpride	●●*	●	●	●	●	●
Aripiprazole	●	●	●	●	●	●
Ziprasidone	●	●●	●	●	●	●●
<b>Typical antipsychotics</b>						
Haloperidol	●●●	●	●●	●●	●	●
Chlorpromazine	●●	●●●	●●●	●●●	●●●	●●●

Approximate frequency of adverse effects: ● (<2%) = negligible or absent; ● (>2%) = infrequent; ●● (>10%) = moderately frequent; ●●● (>30%) = frequent. \* rarely a problem at usual therapeutic doses

# Extrapyramidal Symptoms (EPS)

- Group of movement disorders that can occur as a side effect of certain medications, particularly antipsychotics. Includes:
  - include akathisia (restlessness),
  - dystonia (involuntary muscle contractions),
  - Parkinsonism (similar to Parkinson's disease), and
  - tardive dyskinesia (involuntary, repetitive movements).

# Eye Dystonia



# References

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- Ribolsi, Michele, et al. “Recognizing Psychosis in Autism Spectrum Disorder.” *Frontiers in Psychiatry*, U.S. National Library of Medicine, 28 Feb. 2022, [pmc.ncbi.nlm.nih.gov/articles/PMC8918655/](http://pmc.ncbi.nlm.nih.gov/articles/PMC8918655/).