



IT'S COMPLICATED!

HELPING YOUNG ADULTS WITH AUTISM AND ADDICTION

By Oriana Murphy, MA, LCSW, CADC-II and Aimee Noel, LCSW



Overview

- Co-occurring Disorders
- Similarities and Distinctions
- Advances in Research & Neuroscience
- Special Considerations for ASD, SUD & YA
- Evidence-based Treatment







Autism Spectrum Disorder and Substance Use Disorder?

What Are The Odds?

This Just In!

Fewer Symptoms of ASD increases the risk of SUD

Rates of ASD higher in Addiction Treatment than in
general

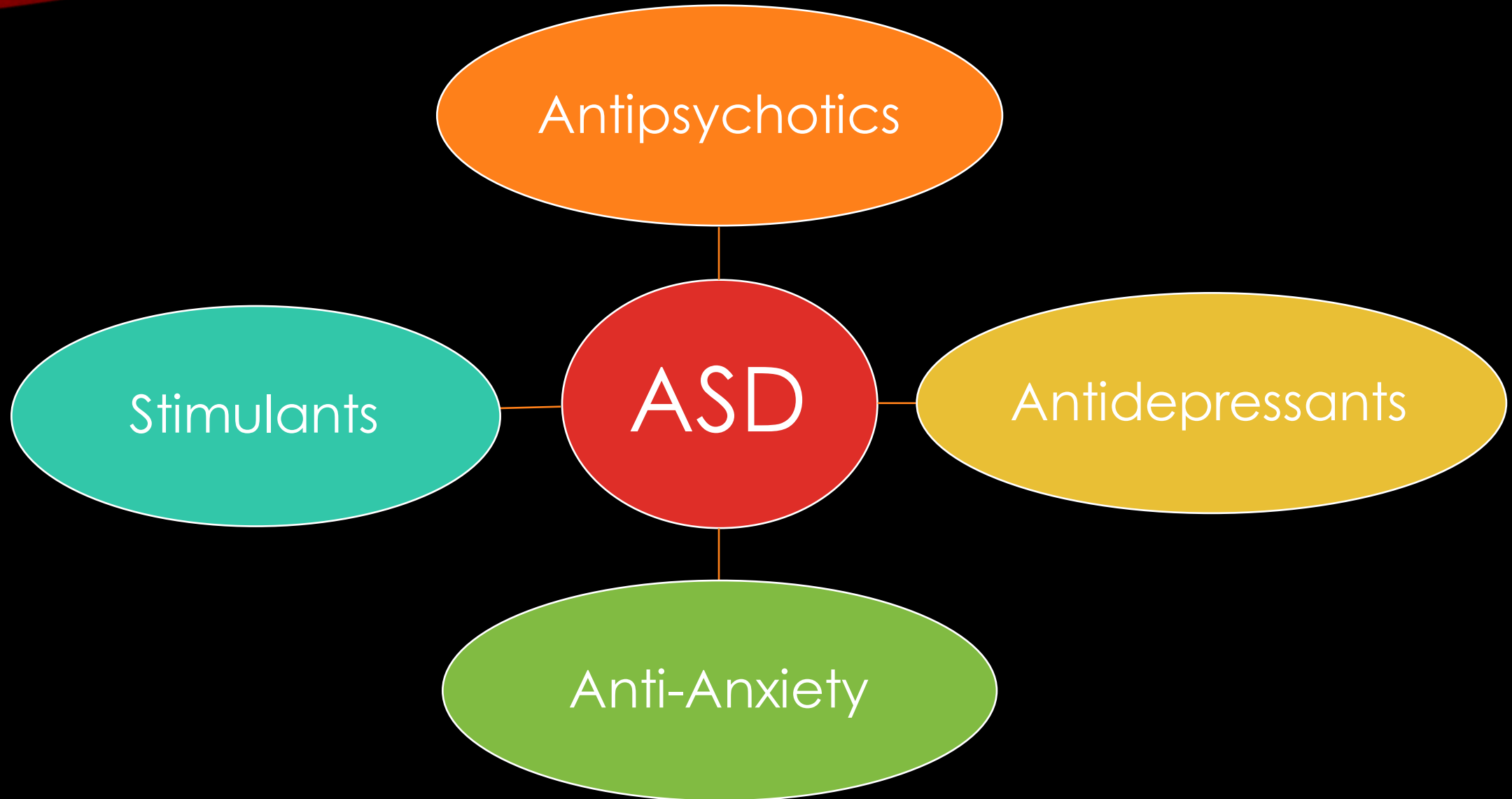
Drugs of Choice

Individuals with ASD are more likely to develop use disorders with alcohol and prescription drugs rather than street drugs

It takes a certain level of social skills and/or “street smarts” to seek out a dealer

“Doctor Shopping” is a more manageable and less overwhelming way to obtain prescription drugs

Medications to treat Autism



Medications to Treat ASD

Antipsychotics- reduce aggression, irritability and repetitive behaviors

Antidepressants- target depression and repetitive behaviors

Anti-Anxiety medications- treat symptoms of anxiety (both general and social)

Stimulants- address hyperactivity and impulsivity

Medications of Misuse

Anxiety Medications: Benzodiazepines

Use can be dangerous (seizure risk from withdrawal, loss of consciousness)
Need for medical detox

Stimulants: Adderall, Vyvanse, Ritalin, Concerta

More abused in colleges than many other substances
Highly addictive
Increased use over time

Prescription Pain Medications: Opioids

Limited social contacts and pills can be obtained by a doctor
Heroin epidemic has become a social issue

Medications in Addiction Treatment

- Anti-Anxiety
- Stimulant Alternatives
- Mood Stabilizers
- Sleep Medication Alternatives
- Anti-craving/ Opiate Blockers
- Pain Medication

Diagnostic Criteria Autism Spectrum Disorder

Persistent deficits in social communication and social interaction across multiple contexts

Restricted, repetitive patterns of behavior, interests or activities

Symptoms are present in early developmental period

Symptoms cause significant impairment in social, occupational, or other areas of functioning

Severity is based on level of social impairment

Diagnostic Criteria

SUBSTANCE USE DISORDER

Impaired control (this is identified by cravings, time spent obtaining the substance, persistent use despite attempts to stop)

Social Impairment (failure to fulfill major role obligations at work, school, family; continued use despite continued consequences in social environments)

Risky use (recurrent use in physically dangerous situations, use is continued despite knowledge that use could harm physical or psychologically)

Pharmacological indicators (tolerance and withdrawal)

Severity is determined based on number of symptoms/areas of impairment

Similarities in Diagnostic Criteria

1. Rigid compulsive habits – in ASD this is extreme focus on details, in SUD this is pre-occupation with the substance (focus on small details of the substance or ritual related to the substance)
2. Problems with Social reciprocity – Main criteria with ASD. In SUD, substance use impedes on ability to relate with others who are not connected to their use
3. Problems with Social engagement – need for social contacts and ways to alleviate anxiety, frustration, tension is understandable (we all want to connect and we all search for relief)
4. Vulnerability plays a role – early stress induces and current stress exacerbates

NEUROSCIENCE And Young Adults

PREFRONTAL CORTEX responsible for:

- * weighing outcomes
- * forming judgments
- * controlling impulses and emotions

NUCLEUS ACCUMBENS part of the brain that:

- * seeks pleasure
- * and reward



Autism & Addiction

Neurocircuits & Pathways

Current
Stress

Stress System
Behavior Patterns
Reward Processing

Genetic
Factors

Early Life
Events

Gender Differences

- Higher prevalence in males
- Research is varied
- Treatment is generally targeting males





ASSESSMENT

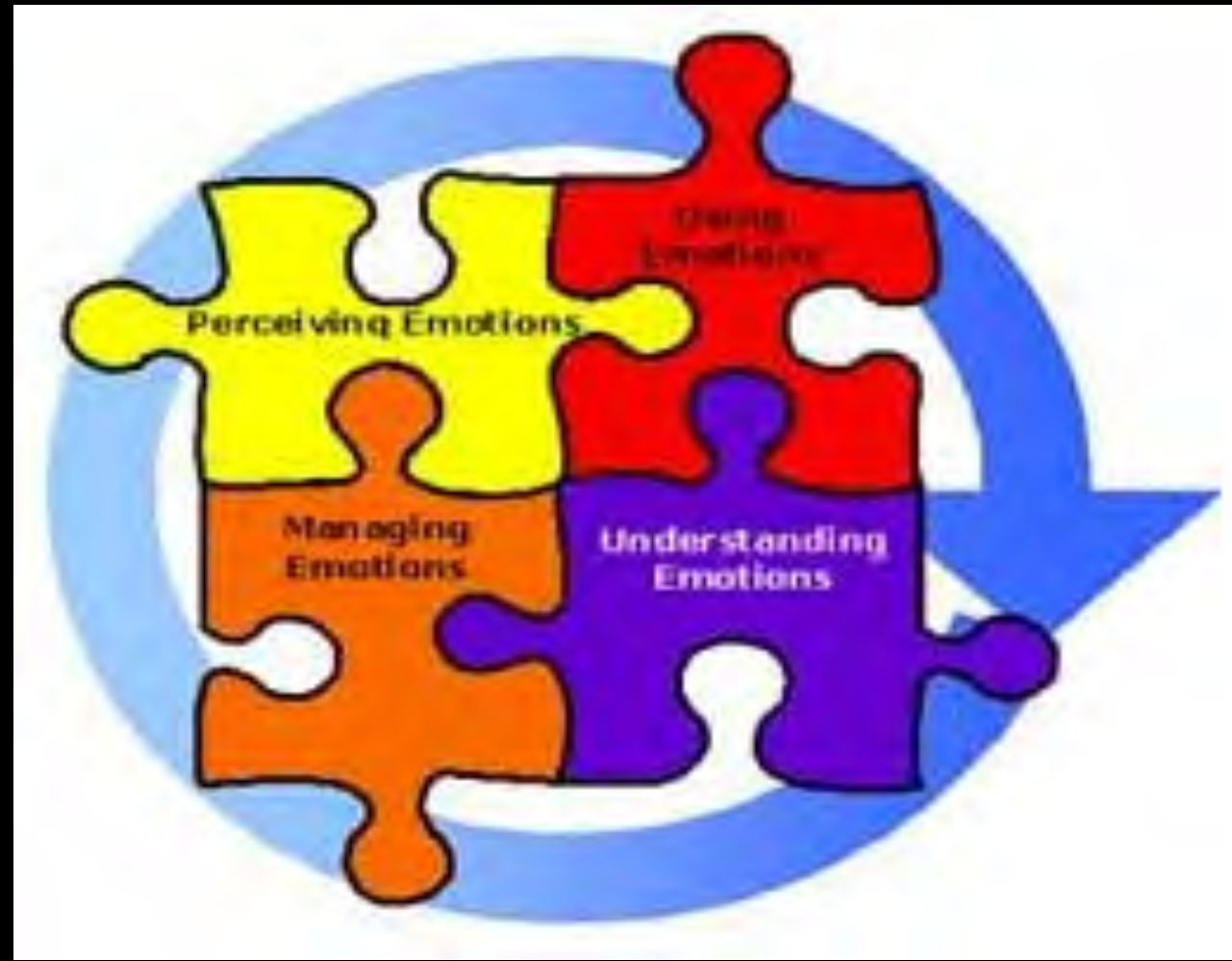
Case Study:
Sarah, age 21

Initial SUD Intake

1. List of substances used – age of first use, frequency, method of use
2. Negative consequences related to drug and/or alcohol use
3. History of addiction treatment, hospitalizations, or mental health services
4. List of triggers
5. Identification of cravings, tolerance, and withdrawal
6. Treatment goals related to addiction

Initial Clinical Assessment

- 1) History and Physical
- 2) Psychiatric Evaluation
- 3) Biopsychosocial Assessment
- 4) Neuropsychological Evaluation
- 5) IQ test



TREATMENT

Focus of Treatment: Five core areas should be addressed

1. Mental/Emotional Health
2. Sobriety
3. Productivity (educational/ occupational)
4. Life Skills
5. Fitness/Mindfulness

Emotional/ Mental Health

- 1) Cognitive Behavioral Therapy
- 2) Social Skills
- 3) Group Participation
- 4) Short-term goals to provide evidence of progress
- 5) Team approach w/ family involvement

Cognitive Behavioral Therapy



- ADDICTION-SPECIFIC CBT
- AUTISM-SPECIFIC CBT



Social Skills

Identify ways to connect

Identify and respond to social cues

Ice breakers

Common interests

Group Participation

Treatment typically involves group process which can be difficult for this population

- Interruptions, inflexibility in rules/guidelines, humor

Intervention

- Assign a specific role or concrete task for ASD client in group to offer a way to integrate into the group

SOCIAL SKILLS and SUPPORT In Sobriety

12 Step Fellowships based on foundations of empathy and community:
Relatability and shared experience
Group dynamics

Modifications and flexibility with ASD clients:
Daily check-ins with a sponsor
Sponsor who is appropriate

Process addiction modifications:
Emotions Anonymous
Overeaters Anonymous

PRODUCTIVITY

Need for educational and vocational components

How do I find a job if I've never had one?

How to build a resume, mock job interviews

How to ask for schedule, time off, how to manage work conflict

Daily check-ins to monitor interactions and frustrations

LIFE SKILLS

- 1) Create concrete goals that are measurable
- 2) Time Management and Organizational Skills
- 3) Practice asking others for help with tasks that are overwhelming
- 4) Attempt flexibility in an otherwise rigid perception of the world



Before and After





Fitness and Mindfulness

Use of relaxation Techniques

Yoga

Kickboxing

Meditation

		FRI	SAT	SUN	MON	TUES	WED	THURS
PRODUCTIVITY	SCHOOL: Public Speaking @ TLC							
	Afternoon STUDY HALL w Vania: 2-3x/wk							
RECOVERY	COUNSELING: 1x/wk							
	MEETINGS: 4x/wk							
	SPONSOR							
	ATTENDED COMMUNITY							
EMOTIONAL	THERAPY: 1x/wk							
	GROUP							
	social with SC peers							
	social outside of SC							
FITNESS	YOGA							
	WALKING							
	GYM							
LIFESKILLS	time up							
	bed made							
	floor clean							
	dresser top tidy							
	laundry done (1x/wk)							
	bathroom mirror clean							
	shower clean							
	bathroom counter clean							
	dishes washed							
	grocery shopping							

Engagement

Need for long-term treatment to address lifelong suffering with both SUD and ASD

Surgeon General's report identifies need for 5 year treatment plan

How do we address these issues AND keep our client's engaged?

Creative arts

Experiential therapies

Community service

Fitness activities

FUN!!

Long-Term Treatment

Various treatment protocols for various people!

Goals for SUD vs ASD clients may be different
Discharge planning begins at intake

Integrating all professionals involved

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- *ANY QUESTIONS?*

The background features abstract, flowing ribbons of color. A vibrant red ribbon curves from the top left towards the bottom left. A bright blue ribbon flows from the top right towards the bottom right. The ribbons have a glossy, translucent appearance and are set against a dark, almost black background.

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Geek meditation session.