

## AUTISM AND ATTENTION DEFICIT HYPERACTIVITY DISORDER TIP SHEET

An increasing number of children are being diagnosed as having both ADHD and autism/Asperger syndrome. Many parents are understandably confused about the differences and treatments between the two disorders.

**Quick Overview:** Children with autism oftentimes have impaired ability to attend to some portions of the environment and also they can have hyperarousal levels. The former trait can manifest as poor discrimination learning, focusing on unusual or partial cues needed for a response, and rapidly shifting attention. The latter may be associated with increased general activity levels. Some children with autism manifest more of these hyperactive and inattentive symptoms than others. Although technically the ADHD diagnostic criterion excludes the presence of an autism diagnosis, the target symptoms generally respond to the same treatments as ADHD in the general population. Also, sometimes it is for ease of communicating treatment that the ADHD diagnosis is utilized. For example, if 504 accommodations and/or medication related to attention deficits are recommended in a psychological evaluation, the school and/or physician better understand the recommendation(s) when “ADHD” is used as the reference point.

**Diagnosis:** There are many reasons for the overlap of the two conditions. Many children with autism display signs of hyperactivity and inattention when they start school. However, the research suggests that the apparent similarities between the two conditions tend to decrease and separate out as the child gets older. The child with autism and hyperarousal levels tends to become more withdrawn and their hyperactivity tends to decrease while more predominant social skill deficits emerge. Children with ADHD (not-autistic) are unlikely to become calmer with age unless they receive medication or high quality therapeutic interventions. The focus of their hyperactivity may evolve. For instance, instead of hyperactive running, inability to sit, stay still etc., they may have more psychomotor restlessness with hand or leg fidgeting. They still develop social and communication skills and are unlikely to have the overall anxiety levels of a child with autism.

DSM-IV-TR stipulates that a diagnosis of ADHD can only be made if the child has shown signs of the condition before the age of seven and has been experiencing symptoms of inattention, impulsivity, and/or hyperactivity to an extent that is impacting the child’s development and functioning across setting and for a period of at least six months. Furthermore, the ADHD condition cannot be diagnosed if it occurs solely within the context of a pervasive developmental

disorder, such as autism or Asperger's. That is not to say that a child cannot have both conditions. For the reasons mentioned above it is possible that the child with autism will display signs of ADHD, but should not be considered as an additional diagnosis as the needs related to autism are primary. Having said that, the reasons previously stated make it necessary at times to mention both.

The following hints and tips are intended to be of use whether your child has been diagnosed with both ADHD and autism or only an autism related disorder. It is your right as a parent to ask questions and for clarification from whoever rendered the original diagnosis

**What causes ADHD?** The causes of ADHD appear to be remarkably similar to those alleged to cause autism, although this may be related, at least in part, to the reality that we know so little about either of the disorders. For instance, until relatively recent history, many professionals purported that ADHD occurred as a result of poor parenting. Today, the factors believed to cause ADHD are mostly biological in nature (e.g., genetics, organic damage during pregnancy, etc.), although a few purport bio-environmental causes, such as the interactive result of biological and environmental causes.

**Common Traits:** ADHD and autism have many traits in common. Children with ADHD "might" exhibit social skill deficits, difficulty with competing stimuli, speech difficulties (i.e., related to organizing their thoughts), hyperarousal levels, and poor emotional regulation. Some children with ADHD prefer playing with video games (and at times exclusively) due to their high need for stimulation. ADHD sometimes has sensory-motor components. However, by definition, ALL children with autism have qualitative impairments in socialization, communication, and restricted patterns or interests. Conversely, many children with ADHD have no difficulties with communication and/or social skills. Social skill deficits in ADHD may be related to impulsive behavior and not attending to social cues rather than an inherent problem with relating to others; whereas, children with autism lack the ability to see the social feedback loop. However, there are still links between autism and ADHD and some of the treatment interventions and tips are the same. Firstly, you can examine what might be causing, maintaining, or exacerbating any hyperactive behaviors.

**Diet:** The research in ADHD has generally failed to support a link between the disorder and diet. However, food additives have long been thought to over-stimulate some children. It is possible that children with autism are even more sensitive to these substances than other children. You may want to check with your child's pediatrician to order food-specific allergy testing.

Some professionals suggest avoiding brightly colored sweets and soft drinks and many products now advertise as having no artificial colorings or flavorings. Other methods to reduce your child's intake of stimulants include switching to decaffeinated tea, coffee and cola and using carob in place of chocolate. It can help to only allow small quantities of sugar on a regular basis rather than giving one-time large doses and thus avoiding "sugar highs." If implementing any of these measures involve radical changes to your child's diet then you may want to consider doing it as slowly as possible. Switching overnight may be counterproductive, as it is possible that your child has a dependency on these type foods.

Also, please be aware that "stimulants" are used to treat ADHD. Sometimes you may see adults (with undiagnosed ADHD/ADD) drink large quantities of coffee or caffeine soft drinks during the day. In fact, they may drink these substances right before falling asleep! Oftentimes, we may think that these adults are "hyper" because of the amount of caffeine intake, but in reality, the reason is usually related to self-medication. In other words, caffeine offers "help" in actually reducing arousal levels and increasing attention levels in the same manner a stimulant would. You may want to have your child evaluated for the possibility of ADHD if he or she consumes a great deal of caffeine but yet it does not seem to impact them the way it would another child. (This observation, of course, is not diagnostic nor would it be the only reason to obtain or refrain from an evaluation.)

**Environmental factors:** Distractions such as lights, sounds, and textures can be extremely distracting to a child is sensitive to sensory stimuli. Environments in which many of these factors interact can cause "melt-downs" and other behavioral endpoints. Conversely, if your child has "hypo" sensory inclinations, he or she may seek such environments and they may be helpful to them. (Note: This is where a good sensory profile assessment can be helpful, although it is of little use unless there is a plan that differentiates the differences in terms of treatment.) If your child is frequently calm and only occasionally hyperactive or disruptive (i.e., "variable" arousal level), then you can chart when and where these incidents occur in order to determine any patterns. Examples that end to over stimulate a child include busy restaurants with tables close to one another in proximity, arcades, "Chuck E. Cheese" type places, Wal-mart (!), and supermarkets. Trips to such places need careful planning.

**\*\*Remember:** Children cannot generally control their sensory input responses and "disciplining" them for such behavior is fruitless and can even be harmful. The latter can happen because when discipline is utilized for a consequence that cannot be controlled, then children can become frightful, anxious, and their world becomes even more unpredictable. Also, I try and encourage parents to

refrain from using corporal punishment at all with sensory sensitive children for a variety of reasons. For example, each of us perceives sensory stimuli in a different manner, whether that is auditory, tactile, taste, etc. However, most of us have a certain range of sensory differences that is lacking in sensory dysfunction. When a child is spanked, for example, all we know is that the experience is DIFFERENT than ours. It may be that he or she can barely feel it and thus defeats your purpose, Or conversely, he or she may feel it to the extreme. Consider how clothing tags hurt the child or the extent of how sock seams appear to bother the child. Now imagine how an otherwise harmless spanking may feel to that same child, and one can see how other means of behavior support would be more appropriate and effective. Again, just my opinion. ☺

### **Planning trips with your child**

First of all, it is important to remember that when your child misbehaves in public it is often the result of their own stress and not a desire to be “naughty.” It can be very hard to keep calm and avoid getting angry even if you know your child is in distress. Planning ahead can reduce some of that stress. However, it is important to remember that long trips will always have some degree of difficulty. Remember: If you are feeling stress, then there is an excellent chance that your child is also feeling stress. Stress should not preclude a family from going out. In fact, managing small trips should increase a child’s resilience to handle longer trips.

Work WITH the child. Even young and/or nonverbal children should be able to engage enough for visual preparation with pictures. Or try talking to your child before each trip to prepare them. Show pictures of maps, tourist guide pamphlets, and of course the internet is now a wonderful resource. Go to “Google Image” and search for specific things you plan to see. Engage your child in helping you plan by asking them what type of things could help them with the transportation method (e.g. toys for car, airplane comfort, etc.). In this manner, they are “invested” and then remind them gently when/if difficulties arise. (Example: “Sweetie, remember you chose the teddy bear to help you? Let’s use him now by holding him tight.”) Try talking through before each trip exactly what you are planning to do and what you expect, this will make the trip much more predictable for your child, which can in turn reduce anxiety levels. You can also write down your plans or make a picture album of your plans. This way, your child can keep them to look at and refer back to when needed. If you write down each stage of the trip on a separate card or sheet of paper, or make/paste a picture of each stage, then they can then be used as visual prompts to remind your child of what is happening. For an older child, remind them of the trip incentives. “Trips” of course can be any time the family has to go somewhere,

and these techniques are helpful for even short jaunts to the store. An example of a series of flash cards for planning a trip to a Walmart could be:

§ We will go to Walmart early in the morning on a weekday when it is less likely to be crowded. e when there won't be lots of other people there.

§ In the car on the way there you can relax and we'll play some quiet music.

§ When we get there, we will need to park and walk to the store. You like holding Mama's hand as we walk.

§ When we get to the store, we will be greeted by the nice lady and get our buggy. You like it when Mama lets you ride in the buggy especially if you can take your special "calming" blanket.

§ The store can be noisy, but we will not be in there more than 20 minutes. (have picture of clock(s) showing the time.)

§ We will go down the outside aisles first because they tend to be the most crowded. Next we will go down the inside aisles. You will be in the buggy holding your blanket the whole time, and Mama will be right by you.

§ Even when you see things you want, the rules do not allow us to touch it. Mama will praise you at the end of each aisle when things are not touched or asked for. (Show card of "happy mama" or something similar)

§ After we have all of the things we need to buy, we push our cart to the checkout counter. This place can be hard for you because of the people, noise, and the time we sometimes have to wait. Mama will take a special \_\_\_ (drink, toy, book, etc) out of her purse during this time to help you. You will be happy to have it!

§ Sometimes you do not like talking to people or do not like them looking at you. This is okay and by \_\_\_ing (playing, drinking, reading, etc) this will help you not notice these bothersome things.

§ The nice lady checks us out and Mama pays for the items in the buggy. She is VERY proud and happy that you are not sad or crying! We are almost finished with this trip to the store.

§ We take our buggy and groceries to the car. Mama has to unload the bags and you in the car. Thank you for your patience because you know by now that we are almost finished.

§ When you get back in the car, look what is there just waiting for you! (Show picture of something small the child can “earn” if the trip is successful.)

§ Now we are driving back home and we are both happy. You are ---ing (playing, looking, reading, eating, etc) with your earned item.

§ We are back home now and are happy to be here. Mama takes you inside first and takes you to your favorite quite, calm place in \_\_\_\_\_. Then Mama has to get the groceries.

§ We are both so happy with our successful trip! We look forward to next “Tuesday” (or whenever) when it will be time to go back.

Note: If this is the first trip with the “flash card plan” and if there has been considerable difficulty in the past (e.g., melt-downs, screaming, etc.) then it would be prudent to add a step initially that allows the child an opportunity to signal that he or she needs to leave BEFORE the melt-down. Example:

“If you want to go, then just tell me and we will leave.”

**Think about the worst possible outcome:** This cognitive strategy plan may sound strange but oftentimes anxiety clouds our minds. We get absorbed into a sense of general apprehension about how difficult the whole trip will be, that we lose site of the specifics of what might go wrong. For example, in the case of going to WalMart:

Instead of Thinking: "This is always so difficult! My child behaves appallingly, and it'll be in public. People will stare at me and I will hear comments. I feel like a terrible mother when this happens! I even have bad thoughts about my own child."

REFRAME: "My child could possibly have a tantrum while we are in the store."

§ If I “role play” with the flashcards several times, then my child might have different expectations.

§ I will ensure that I am always next to him/her in the buggy, then he/she will not be able to get away from me.

§ I know my child better than anyone, and I know the things he/she needs to redirect him/her.

§ I also know that he/she does not feel good in these places. When there is crying, that is his/her way of letting me know. If I acknowledge in different ways, then I can avoid the melt-downs.

§ I know that I help my child when I stay calm, focused, and use a “nice voice.” I know my child reacts to my stress.

§ If my child happens to have a melt-down and people start staring, I will not feel embarrassed, angry, etc. I will try and have a stock phrase ready to reply to any comments. This way I will not be required to think or say something impulsively. I will say something like, “Mary has autism and finds these situations over-stimulating. It helps her to feel better when she makes all these strange noises” or “Joe has ADHD and has a hard time handling all the stimulation and frustration here. He has a hard time de-escalating once he gets upset.”

§ I can take my husband (or friend, sister, older child, etc.) and then they can share responsibility for looking after my child. In turn, this will make the experience less intense and exhausting, and I will be better equipped to cope with difficult situations should they arise.

By reframing these “worst case scenarios” with ways to cope , then you can probably cope with any other problems that occur. Plus, this method should decrease the overall general uneasy feeling of apprehension or a foreboding sense that “SOMETHING” bad is going to happen.

**Motivating your child to learn other ways of behaving:** If you have a child with a very keen interest in one subject, no matter what the subject matter may be, it is best to encourage the interest, as it can be a valuable motivational tool. Children learn with less cognitive energy and more readily if a subject is of interest to them. Once they learn to attend to their topic(s)of interest, then they can begin generalizing attention skills to other areas.

Encourage your child to discuss their needs with you and with their other caretakers and teachers. They may lose interest in an activity and begin mind-wandering after 10 minutes. They do not inherently know how to explain what has made them lose interest. Children with autism may not realize that their teacher or parent doesn't know how detached from the subject matter they might be. We must give the child a means to communicate their interest level in order to develop the feedback loop. Let them know that you are happy for them to

move on to something else but give them a manner to do so even if it is with pictures or a simple "I don't understand" or "Bored." If a child is not attending, then they are not learning.

Use their restricted interests as starting points to other subject matter. For example, if trains are one of the subjects they love, then talk about trains in Germany, or in the mountains, or Amtrak passenger trips. Use these train-related topics as transition tools to geography lessons.

### **Coping with frustration**

Hyperkinetic activity may occur when a child with autism is unusually frustrated or wound up about something. Under these circumstances, it is probably not desirable to attempt to contain the activity as they may then choose to let off steam somewhere else and in a destructive or aggressive way. Even children with low levels of functioning can be supported to do exercises, bounce on a trampoline, punch a punch bag and run around the garden in order to relieve tension. For more able children, encouraging them to go for a jog or a bike ride in order to cool off and release some of that surplus energy might be helpful. This could also be tied in with doing a useful activity like picking up some shopping so that the need to use up this energy is turned into a useful skill and something your child can feel positive about.

Remember that there are many positives about having plenty of energy provided that it is channeled in the right directions. However, for families it can also have serious disadvantages. Fundamentally a child with hyperactive behaviors will need certain types of behavioral support whether or not they have autism as well. Their families may also need respite care and support and it is important that families have their support needs addressed even if there are question marks about a definitive diagnosis.

### **Drug treatments for children with AD/HD**

The most widely known class of drugs used to treat ADHD are stimulants, such as Ritalin, Concerta, etc. These type of drugs act to reduce electrical activity in the brain which in turn reduces hyperactivity (or acts conversely in inattentive ADHD). It is widely recognized as useful for children with ADHD and has also been shown to be of some limited benefit for children with autism. ADHD is a neurological disorder and the primary method of treatment is with medication. There are many behavioral interventions that are useful as an adjunct to medication.



It is difficult to medicate the ADHD-like symptoms that can be seen in individuals with autism. As such, please ensure that your child's medication provider is appropriately trained in psycho-pharmacology.

Parents oftentimes debate even within themselves on the issue of medication. However, please remember that in order to LEARN...your child must first be able to ATTEND.