Information on Co-occurring Conditions Often Related to Autism

Children and young people with a diagnosis of autism have differences that need skill and understanding to support their learning and inclusion. There are often co-occurring conditions for individuals with a diagnosis of autism that will also impact on their needs. It is therefore important for practitioners to understand all of the needs of their pupils in order to provide effective support.

This is by no means a comprehensive list and those wishing to achieve National Standard 5, or Competency Framework 6 will need to add further information of other conditions.
ADHD

Attention-deficit hyperactivity disorder (ADHD) is the most common behavioural disorder in the UK. Individuals with ADHD have three key areas of difficulty: **Impulsiveness**, **over activity** and **inattention**. Symptoms make life considerably difficult on a number of levels, i.e. socially and academically. It affects between 3-9% of school-aged children and young people, mainly boys.

**Causes**
The exact cause of ADHD is not fully understood. Possible causes include genetics, brain function, and exposure to toxins during pregnancy and food intolerance.

**Common behaviours include:**

**Impulsiveness**
- Suddenly doing or saying things without thinking first
- Difficulty waiting for turns in games, conversation or in queues
- Difficulty starting and finishing activities or conversations
- Regretting things that go wrong, but difficulty preventing self from repeating same scenario.
- Not thinking through the consequences of own actions
- May have a ‘short fuse’, temper outbursts or rapid mood swings

**Over activity**
- Difficulty engaging in activities
- Talking excessively
- Running or climbing excessively
- Rushing through tasks
- Flitting from one activity to another
- Fidgeting, chattering and interrupting people
- Interfering with others or their property

**Inattention**
- Very easily distracted
- Difficulty listening to instructions
- Poor memory, forgetfulness
- Poor organisational skills, losing things
- Difficulty concentrating on tasks that require thinking through
Possible additional difficulties of pupils with ADHD

Low self esteem, making and maintaining friendships, delayed language development that affects understanding, communication and social interactions. There are often reading and writing difficulties.

Diagnosis

Diagnosis is by a medical expert, after observations and discussions with the child, young person and their family. Behaviours need to be consistent for at least 6 months and symptoms need to be shown in at least two different settings, e.g. home and school.

Treatment

There is no cure for ADHD, but it can be managed. There are several medical treatments for ADHD, all of which should be accompanied by psychological, educational and social therapies. Medication is prescribed by a psychiatrist. Medication can help individuals to concentrate better and be less impulsive for periods of time, active social skills training can help a child or young person to manage socially and at school. Parent training and education programmes can help families work together on behaviour management techniques. Cognitive Behaviour Therapy programmes (CBT) may help a child or young person manage their impulsive behaviour and help develop concentration skills.

Supporting individuals with ADHD in school

- Ask pupils what support they need
- Give clear, frequent instructions
- Break down tasks into small components
- Set clear boundaries and class rules
- Seat pupil away from distractions
- Use reward strategies that focus on positive outcomes, give something rather than take something away.
- Teach to preferred learning style
- Allow time out and learning breaks
- Build self-esteem
- Prepare pupils for any changes
- Make sure all staff are aware if a pupil with a diagnosis of ADHD is taking medication.
- Communication between home and school is vital to monitor positive and negative effects of medication.
- Ensure staff are aware of support they should provide and strategies to use.
- Behaviour of pupils may alter during the day as medication levels peak and recede and plans to support pupil will need to consider these effects.

References and further information

UK ADDISS
The National Attention Deficit Disorder Information and Support Service
Premier House, 112 Station Road, Edgware, Middlesex, HA8 7BJ

Kids in the Syndrome Mix of ADHD, LD, Autism Spectrum, Tourette's, Anxiety, and More!: The one stop guide for... by M.D. Martin L. Kutscher
Anxiety Disorders

“Anxiety disorders share the common thread of excessive worry and anxiety that exceed the person’s ability to comfortably control them. ‘Anxiety’ refers to the unpleasant sense of internal unrest, whereas ‘worry’ refers to an apprehensive fear about future events.” Martin L. Kutscher

Anxiety disorders are the most common type of mental health disorder in children, affecting as many as 10% of young people. The DSM-IV states that the worries and anxieties must be sufficiently severe to interfere with functioning in life. Worries about multiple things, occur most days and are difficult to control. Individuals with anxiety have a one in four chance of having ADHD (Bernstein and Layne 2004)

Symptoms and behaviours

Include insomnia, tiredness and restless, irritability and trouble concentrating. Often individuals worry about many things at once. They often anticipate and worry well in advance of future events. Worries are stronger, more intense, more painful and more disruptive than those of peers and they worry about things that other children find trivial.

Physical - headaches or feeling sick it can raise blood pressure and heart rate, cause vomiting, stomach pain, ulcers, diarrhoea, tingling, weakness and shortness of breath.

Emotional - nervousness, fear, affecting thinking, decision-making ability, perception of environment, learning and concentration.

Causes; can be genetic, psychological or environmental

Treatment;
   The young person is gradually ‘desensitizing’ them from the anxiety. They will also focus on ‘de-awfulizing’ the issues and learning to change their attitudes seeing things as a challenge rather than a threat.

2. Medication
   Selective serotonin reuptake inhibitors (SSRIs) such as Prozac are often used. It is important to know which medication an individual is on and the possible side effects that may occur. Medication is often successful but some professional’s worry that taking away the ‘pain’ of the anxiety with medication may stop the youngster’s desire to use cognitive approaches.

Managing anxiety disorder at school

- Take time to understand the diagnosis and what the pupil is anxious about it may take a while for the individual to open up listen and please be patient.
- Make sure there are strong communication links with school and home.
- Ensure staff are aware of support they should provide and strategies to use.
- Sometimes it can help to do something practical together to help break the ice. Let the pupil know you care and want to help.
- Make an anxiety plan about what to do when getting anxious.
- Help prioritise and organise workloads.
- Try relaxation techniques such as deep breathing and mindfulness meditation.
- Encourage regular exercise, healthy eating and eating habits. Discuss importance of getting enough sleep.
- Provide a safe supportive environment where it is safe to take academic risks and make mistakes.
- Make sure goals are realistic and explicit.
- De-emphasize grades.
- Allow extra time and try to accommodate quirks (Having to touch nose three times when someone sneezes).

References

http://www.anxietyuk.org.uk

http://guidance.nice.org.uk/qs53

www.wellatschool.org/

www.youngminds.org.uk

Anxiety Disorders: Panic Disorder, Obsessive Compulsive Disorder (OCD), Generalized Anxiety Disorder (GAD), Post-Traumatic... by Sarah Erickson

The Panicosaurus: Managing Anxiety in Children Including Those with Asperger by K.I. Al-Ghani and Haitham Al-Ghani

Kids in the Syndrome Mix of ADHD, LD, Autism Spectrum, Tourette's, Anxiety, and More!: The one stop guide for... by M.D. Martin L. Kutscher
Epilepsy

Epilepsy affects about 456,000 people in the UK and about one in every 280 children. It is most common between the ages of 12-19 and it is more common in girls than boys. About two thirds of children with epilepsy underachieve academically, and a minority will experience seizures during school time. Seizures often make individuals feel tired and confused.

There are different types of seizures;

**Absence seizures** where it might look as if I am day dreaming or stuck in a movement such as licking lips or if cutting food when a seizure occurs might carry on carrying cutting but not know doing it. These seizures are tricky to spot and can often be missed. When this happens pupils often miss information or instructions.

**Focal seizures** vary and are different for everyone. Individuals can sometimes be conscious or sometimes be unconscious. Focal seizures tend to mix up messages in the brain, things can look smaller or bigger than they are, or individuals may smell and taste things that are not real or parts of the body might jerk repeatedly.

**Tonic Clonic seizures** where individuals lose consciousness and their muscles tighten and jerk, they may also have blue colouring around their mouth because breathing is irregular. Individuals may lose control of bowel and or their bladder when having a seizure so covering the lower half of their body may protect their dignity.

Cause

Epilepsy is a condition that causes somebody to have repeated fits. The medical term for an epileptic fit is a seizure. A seizure happens when nerve cells in the brain stop working in harmony and messages are temporarily halted or mixed up. Sometimes epilepsy can occur as a result of damage to the brain however for some people there is no known or identifiable cause apart from an inherited tendency to have a low seizure threshold.

Some common triggers of seizures include tiredness, lack of sleep, lack of food and stress. Around 5% of individuals find they are affected by photosensitivity their seizures may be triggered by flashing or flickering lights or by geometric patterns such as checks or stripes. (Flat screen TV’s and computers are less likely to trigger as seizure as they do not flicker so much).

Diagnosis is made through GP referral to specialists.

Treatment

The majority of individuals with a diagnosis of epilepsy take medication. This is often twice a day and usually taken at home, however some individuals may need to take medication at school too. It is important to know what medication pupils are on as there are many side effects that staff need to be aware of such as tiredness and difficulties concentrating and remembering.

How you can support individuals with epilepsy in school

- Learn basic first aid especially how to place someone in the recovery position.
- Discuss what specific support pupils will need with pupils themselves epilepsy does not affect everyone in the same way.
• Have an agreed quiet area to rest and recharge batteries
• Create a medical care plan with pupils, professionals, and parents of how to prevent seizures and what action to take if one does occur.
• When an individual experiences a Tonic Clonic seizure make sure you remove objects that may be nearby. Do not try and restrain the individual or put anything in their mouth but do try and cushion their head. Do not try and wake them after as they are often very confused, place them in the recovery position and keep them warm and safe.
• Support memory with specific strategies such as to do lists, checklists task sheets and visual routines
• Ensure staff are aware of support they should provide and strategies to use.

References and further information

www.wellatschool.org

The National Institute of Clinical Excellence (NICE)

UK Epilepsy Society, Chesham Lane, Buckinghamshire, SL9 0RJ,
www.epilepsysociety.org.uk

Can I tell you about my Epilepsy? A guide for friends, family and professionals. By Kate Lambert

Young Epilepsy, St Piers Lane, Lingfield, Surrey, RH7 6PW
www.youngepilepsy.org.uk

Epilepsy Action, New Anstey House, Gate Way Drive, Leeds, LS19 7XY
www.epilepsy.org.uk
Obsessive-compulsive disorder (OCD)

Obsessive-compulsive disorder (OCD) is characterised by obsessions (repeated thoughts, images or ideas which are upsetting and hard to ignore) and/or compulsions (repeated acts or rituals). Research suggests that around 1% of children and young people suffer from OCD.

Cause

There may be a genetic link, it can run in families. It can occur after a traumatic event such as the death of someone close. Sometimes it just begins, it often starts in childhood or adolescence but it can affect anyone at anytime.

Signs and Symptoms

Obsessions are worrying thoughts or images that keep coming into a person’s head these thoughts create anxiety. Obsessions are difficult to stop individuals often try to cancel their thoughts by doing a specific action, a compulsion. Once the action is taken the anxiety decreases however this is often only temporary as the thought returns.

*For example, someone may think that their hands are contaminated, anxiety increases and is only relieved by washing their hands. When they wash their hands they feel relief, the contamination is gone. However moments later the thoughts of contamination return, anxiety increases and is only relieved by washing the contamination off their hands.*

Individuals are often aware their obsessions and compulsions do not make sense; they are often afraid of what others will think and so do not tell others or ask for help.

Common obsessions and compulsions include:

- feeling unclean, contaminated, afraid of germs
- wanting to keep washing
- thinking something is bad is going to happen
- thinking something bad is going to happen to someone else
- feeling you might hurt someone – even though this is the last thing you want to do
- thinking violent/sexual thoughts or that you will say something awful out loud
- counting things endlessly, usually in your head
- checking things (like doors, taps and light switches) over and over again
- putting things in a particular order and arranging objects
- being scared of throwing things away.

Diagnosis

GP’s will refer to a specialist for an assessment.

Treatment

Intensity of symptoms often vary over time and individuals may require different support at different times in their lives.

Those experiencing mild symptoms often do not need medical treatment and can be supported successfully by patience and understanding.

However for those times when more support is needed; the National Institute of Clinical Excellence (NICE) currently recommends two types of treatment for people with OCD.
Cognitive Behavioural Therapy (CBT); Individuals with OCD are taught how to use a form of CBT called Exposure and Response prevention (ERP). Antidepressant medication called SSRIs (selective serotonin reuptake inhibitors) can also be used to help with the symptoms of OCD, even if individuals are not depressed. It is important to know if pupils are taking medication and for staff to be aware of side affects. Sometimes individuals are supported with a combination of medication and CBT.

How you can support individuals with OCD in school

- Understand this condition
- Listen to the pupil and understand their particular obsessions and compulsions
- Support pupils to carry out any prescribed CBT treatments even if this means changes normal school routine.
- Be aware and plan for increases in symptoms during stressful times such as exams and changes of placements.
- Ensure staff are aware of support they should provide and strategies to use.
- Create strong school home links.

References and further information

OCD action
Suite 506-7 Davina House, 137-149 Goswell Road
London
EC1V7ET
www.ocdaction.org.uk

OCD-UK
PO Box 8955
Nottingham
NG10 9AU
http://ocduk.org

Great Ormond Street Hospital (GOSH)

www.wellatschool.org

The National Institute of Clinical Excellence (NICE)
http://guidance.nice.org.uk

www.youngminds.org.uk
PDA

Pathological Demand Avoidance Syndrome (PDA) a subgroup on the autism spectrum, found more often in females than males. A person diagnosed with PDA will try to avoid everyday demands. High levels of anxiety fuel a need to be in control and avoid other people’s demands and expectations. Individuals with a diagnosis of PDA are often socially manipulative, impulsive and have explosive outbursts. The degree and extent varies for each individual and they can often behave differently with different people in different situations. However, because they tend to have much better social communication and interaction skills than other people on the spectrum, they can use those skills to disguise their resistance through avoidance behaviour.

Key characteristics will vary within each individual according to mood and circumstances. (Note- not all characteristics are present in all individuals with a diagnosis of PDA)

- Need to be in control
- Explosive behaviour
- Threatening language
- Poor self esteem
- Expressed desire to be equal or better than others
- Desiring friendships but inadvertently sabotaging them
- Ambivalence about success and enjoyment
- Lack of permanence and transfer of learning experience
- Very poor emotional regulation
- Variability in behaviour
- Extensive involvement in fantasy and role play

Diagnosis is made by a specialist.

Treatment needs to be individualised and planned according to anxieties. Communication with pupil, parents and carers needs to be planned and regular. Knowledge and understanding of PDA and behaviour strategies are used to support.

Strategies to support in school

- Develop your own understanding and knowledge of PDA
- Develop understand of the individual anxieties and help pupils to develop strategies to manage their particular anxieties
- Support access to learning
- Support management of unstructured times in the school day
- Support and develop understanding of emotional regulation
- Develop and support self esteem
• Support positive relationships with adults and peers in school and the wider community
• Ensure staff are aware of support they should provide and strategies to use.
• Develop strong links between school and home.
• Work with outside agencies and other professionals

References and other information

P. Christie, M. Duncan, R. Fidler and Z Healy (2012)

PDA contact group www.pdacontact.org.uk

NORSACA (Elizabeth Newson Centre) www.norsaca.org.uk

National Autistic Society www.autism.org.uk/15355
Tourette Syndrome (TS)

The prevalence of autism is reported to be one in a hundred. There is a dominant male to female ratio. TS does not affect intelligence however complexities of TS cause forty percent of individuals to have experience learning difficulties, in particular illegible and or poor writing skills, interruptions to concentration and problems processing verbal information. Individuals often experience sleeping difficulties and sensory integration issues. Each person has a different combination of tics and symptoms. Symptoms can be mild but for others with severe symptoms the impact on quality of life can be significant.

**Cause** TS is a neurological condition, with a genetic link,

**Diagnosis** 70% of those diagnosed with TS often have other diagnoses most common are Obsessive Compulsive Disorder (OCD), Attention Deficit Disorder (ADD) and Non Obscene Socially Inappropriate Symptoms (NOSIS). For these reasons treatment of TS is very particular to each individual and should be discussed with a TS specialist.

**TS is characterized** by several motor tics and one or more vocal tics. Tics fluctuate in type, frequency and severity. TS can be classified into three categories.

**Pure TS** characterised by movement and phonic tics,

**Full blown TS** characterised by Paliphenomena, echophenomena, copropraxia/coprolalia, NOSI, movement and sound tics.

**TS plus** includes full blown TS and other co occurring conditions, most commonly OCB or OCD, ADHD, depression, anxiety, Self Injurious Behaviour (SIB), sleep disorders, personality disorders, other psychopathology, conduct disorder.

**Glossary**

- Copropraxia - obscene or unacceptable gestures or movements.
- Coprolalia - obscene or unacceptable language.
- Echophenomena - repeating words of others (echolalia) and or gestures of others (echopraxia).
- NOSI - Non-Obscene Socially Inappropriate behaviour.
- Paliphenomena - repeating own actions and or wordss

Individuals with TS often feel guilty about their behaviors and isolate themselves or are shunned by others. Tics are frequently increased with heightened emotions such as excitement or stress. Fluctuating symptoms can make others doubt the involuntary nature of tics and can lead to individuals separating themselves in case their tics cause embarrassment to themselves and or to others. These issues impact on relationships and affect the way an individual feels about themselves consequently the self esteem of pupils with TS is often extremely low.

Individuals with TS often suppress tics at school which can be exhausting and affect their ability to concentrate in class. This can lead to explosive outbursts once home which can affect relationships and ability to concentrate on homework.
Consequently behaviours seen at school and home can look very different and lead to misunderstandings which can cause conflict between pupils, parents and staff. Frequent physical tics often exhaust individual and long term effects from repetitive tics can cause physical injuries, which may require medical treatment. The force of sudden explosive tics can inflict injury on the individual and or others who may just have got in the way. Completing tasks can be physically difficult because of tics, head and arm tics in particular interfere with reading and writing. Vocal tics can be distracting to self and others. There may also be problems in school when pupils with TS are asked to copy geometric designs and or figures because of visuomotor integration difficulties. Visuomotor- Relating to or involving body motor processes that are linked to vision, e.g. the coordination of movements

**Treatment**

Some individuals have found cognitive behaviour therapy useful to reduce or change anti social tics although this is more useful for those with a co morbid diagnosis of OCS/B. Habit reversal therapy (HRT) has been found to be effective in tic management for individuals that experience premonitory sensory urges (a sensation that indicates they need to tic, rather like a sneeze).

**Medication**

Not all individuals with TS need medication but those that do are often prescribed complex combinations for their TS and their co existing conditions. Common medications include clonidine, guanfacine, haloperidol, primozide, risperidone, clozapine and tetrabenazine. Professionals supporting individuals with TS need to be aware of medical side effects which can include impaired cognitive ability; weight increase and sedative effects.

**Strategies to support in school**

- The complexity of TS, the waxing and waning of tics and symptoms require that strategies need to be reviewed regularly. Impacts on the social, emotional, physical and academic needs of individuals requires a combination of interventions which should be planned with the individual their parents and school.
- Staff should develop understanding of TS and of the particular needs of the pupil they are supporting.
- Educating individuals with TS about their diagnosis, symptoms and behaviours, is essential to support self esteem and mental well being.
- Education of peer’s, introducing circle of friends and buddy systems
- Seat individuals with peers who are supportive
- Minimise environmental distractions by seating sensitively
- Provide alternative methods to writing and recording thoughts.
- Break tasks into small steps
- Use task sheets
• Minimise use of time constraints for tasks and coursework.
• Use time out
• Pre warn of changes to staffing and routines
• Consider concessions for exams and tests
• Support homework by allowing more time or reducing work expected.
• A private safe area for release of tics,
• Evaluate motor skills and sensory sensitivities
• Ensure staff are aware of support they should provide and strategies to use.
• Create good school home links

References and further information


Tourettes Action
Tourette Syndrome (UK) Association, Kings Court, 91-93 High Street, Camberley, Surrey, GU15 3RN
03007778427
http://www.tourettes-action.org.uk

Kids in the Syndrome Mix of ADHD, LD, Autism Spectrum, Tourette's, Anxiety, and More! The one stop guide for... by M.D. Martin L. Kutscher
## Comparison of common characteristics that appear in autism and TS

<table>
<thead>
<tr>
<th>Common characteristics</th>
<th>Autism</th>
<th>TS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social difficulties</td>
<td>Individuals have differences in understanding of social communication and interaction.</td>
<td>Difficulties are caused by others lack of understanding of compulsions and bizarre behaviours caused by compulsions and tics (Prestia, 2003).</td>
</tr>
<tr>
<td>Repetitive movements</td>
<td>Stereotypies (tics) begin at an early age (Baron Cohen et al., 1999) are predictable and rhythmical and are increased by tiredness or stress (Singer, 2009).</td>
<td>Tics begin at around five years of age (Baron Cohen et al., 1999) are unpredictable and sudden and are increased by tiredness or stress (Singer, 2009).</td>
</tr>
<tr>
<td>Echoing</td>
<td>Echoing usually occurs from lack of inhibitory control or inability to filter out background noise. (Grossi et al., 2013).</td>
<td>Echoing tends to be driven by tics from OCB/D compulsions (Robertson, 1998).</td>
</tr>
<tr>
<td>Obsessive compulsive behaviour/disorder</td>
<td>OCB/D behaviours usually present as hoarding, touching and tapping. There is a need for routine and sameness (Russell, 2005).</td>
<td>OCB/D behaviours are often aggressive, tend to be around symmetry, ordering and checking, and getting things ‘just right’ (Robertson, 2003).</td>
</tr>
<tr>
<td>Self injurious behaviour</td>
<td>Risk of SIB is increased by severity of autism and lower levels of speech or adaptive skills (Baghdadli et al., 2003).</td>
<td>Risk of SIB is increased by severity of tics and presence of other co occurring diagnosis particularly OCB/D (Robertson, 2003).</td>
</tr>
<tr>
<td>Executive function</td>
<td>Executive function difficulties present as difficulties in inhibition of a pre potent response (a response with immediate reinforcement or as an association to the response). There is often limited cognitive flexibility (Verte et al., 2005).</td>
<td>Executive function difficulties are not found in TS alone but stem from coexisting ADHD/OCB/D characteristics such as organising, prioritising, planning tasks, focusing, maintaining and shifting attention, and self-regulation difficulties (Verte et al., 2005).</td>
</tr>
<tr>
<td>Sensory perceptions</td>
<td>Hyper and hypo sensitivities in all senses have been reported by individuals with autism Bogdashina (2003).</td>
<td>Individuals with TS have reported sensory sensitivities which increase occurrence of tics. (Leckman et al, 1993).</td>
</tr>
<tr>
<td>Sleep disorders</td>
<td>Disturbed sleep patterns are common in autism can be related to melatonin imbalance or a need to maintain control (Garstang, J., and Wallis, M., 2006).</td>
<td>Sleep patterns may be disturbed by Tics and or /OCB/D symptoms (Carroll and Robertson, 2000).</td>
</tr>
</tbody>
</table>

D. Horton 2013
Websites for other common co-occurring conditions not covered in this pack.

Attachment disorders


Depression

Depression in children and young people guidance.nice.org.uk/CG28

Depression in children and young people www.rcpsych.ac.uk/.../youngpeople/depressioninyoungpeople.aspx
up to date, easy to read information for young people on depression, written by the Royal College of Psychiatrists

Dyscalculia


Dyslexia

Dyslexia Association of Birmingham This organisation has a helpline at Tel: 0121 643 3737. www.birmingham.gov.uk/dyslexia

British Dyslexia Association Unit 8 Bracknell Beeches, Old Bracknell Lane, Bracknell, RG12 7BW. Tel: 0845 251 9003 www.bdadyslexia.org.uk
Genetic Conditions

The National Genetics Education Centre
www.geneticseducation.nhs.uk/genetic-conditions
This site has information about various genetic conditions.

Genetic Disorders UK (GDUK)
www.geneticdisordersuk.org/
Genetic Disorders UK (GDUK) is a charity that provides advice and support to children and families. Over 30,000 babies are born in the UK each year with a genetic condition.