

TERRITORIAL ACKNOWLEDGEMENT

We would like to acknowledge that Lester B. Pearson School Board (LBPSB) is located on the unceded territory of the Kanien'keha:ka People. Lester B. Pearson School Board honours, recognizes, and respects the Kanien'keha:ka people as the traditional stewards of the lands and waters on which we meet today.

Autism and overlapping comorbidities

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EVENT: KELLY MAHLER

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According to the literature, approximately one in four children with an ASD diagnosis will also meet criteria for either oppositional defiant disorder (ODD) or conduct disorder (CD)¹. Addressing the comorbidity of ASD with other diagnoses, is particularly relevant for school staff working with diverse student populations. Recognizing that students with ASD may also present with comorbid (i.e., co-occurring) conditions like ODD is essential for creating inclusive and supportive learning environments, as well more effective intervention plans. School staff should be aware that the intersection of these disorders can manifest in very challenging behaviours, affecting the student's social interactions and academic engagement in a variety of ways, including:

1. COMMUNICATION DIFFICULTIES

ASD is often characterized by communication difficulties, including challenges in verbal and nonverbal communication. When ODD is present, students may express their frustration or opposition through refusal to follow instructions, argumentative behaviour, and verbal aggression.

2. RIGIDITY AND REPETITIVE BEHAVIOURS

Both ASD and ODD may involve a degree of rigidity, inflexibility, and need for control. Students may insist on routines, want to do things their way or exhibit repetitive behaviours. The combination of these traits can contribute to increased resistance to change, difficulty adapting to new situations, and a failure to accept adult direction and authority.

3. DEFIANT AND OPPOSITIONAL BEHAVIOUR

ODD is marked by defiant and oppositional behaviour, and this can manifest as a refusal to comply with authority figures, frequent negotiating or arguing

about expectations, and a tendency to deliberately provoke or annoy others. When combined with ASD, these behaviours may be more pronounced or intense in certain social or academic settings.

4. EMOTIONAL DYSREGULATION

Students with the combination of ASD and ODD may have marked difficulties with affect regulation, such as intense or disproportionate emotional reactions, mood lability, difficulty coping with frustration or stress, and an inability to self-soothe or calm. These limitations in emotional control may contribute to behavioural outbursts resulting in poor school readiness or poor functioning within class.

5. DIFFICULTY WITH TRANSITION

Both ASD and ODD may involve difficulties with transitions. Students may resist changes in routine or exhibit heightened anxiety when faced with unfamiliar situations or expectations. This resistance which is tied to an absence of a sense of control can contribute to very challenging behaviour in school and other settings.

6. IMPAIRED IMPULSE CONTROL

ODD often includes problems with impulse control, and, when combined with ASD, may prevent students from suppressing the urge to act or speak resulting in situations where they do something without thinking (i.e., considering the consequences).

The breadth and severity of the challenging behaviours associated with comorbid ASD and ODD can vary widely among individuals. The support of the SSD transdisciplinary team (e.g., ASD consultants, SLPs, OTs, FSSTT, psychologists) is essential to understanding and addressing the specific needs of each individual, particularly those with co-morbid diagnoses. A collaboration between educators, families and community partners is also a vital element in intervention planning.



**Calling All
LBPSB Autistic
Artists!**



[1 https://www.sciencedirect.com/science/article/abs/pii/S1750946713001700#:~:text=Prevalence%20estimates%20vary%20between%204,than%20examining%20their%20co%20occurrence](https://www.sciencedirect.com/science/article/abs/pii/S1750946713001700#:~:text=Prevalence%20estimates%20vary%20between%204,than%20examining%20their%20co%20occurrence)



For the second year in a row, the Centre of Excellence for Autism (COEASD) at Lester B. Pearson School Board would like to highlight the incredible and unique artwork that our students with autism produce and are passionate about.

Masterpieces can be submitted to the link below and will be displayed on our website during the month of April so that we can share our appreciation of neurodiversity and autism. Art can be in the form of a painting, poem, song, photograph or even sculpture!

Click here to submit your artwork



TEACHER TIP



When supporting our autistic students, creating a positive environment where they can flourish and reach their full potential is key. Working with a student with ASD who is displaying oppositional, argumentative or defiant behaviour can be challenging but, with the right approach, you can create a positive and supportive learning environment. Here are a few strategies to try:

1. CREATE RAPPORT AND TRUST

Foster a meaningful relationship with students by getting to know their interests, strengths, triggers, and preferences. Building trust can really help in navigating challenging situations in the moment and later.

2. INTRODUCE OPTIONS AND FLEXIBILITY INTO ASSIGNMENTS OR DIRECTIONS

Consider incorporating a choice-based approach to school activities, provide the student with some options within reason so that they can experience a degree of control. Use questions or comments like *I wonder which activity you will choose to start with or would you like to colour or cut first?* This choice-based strategy can encourage cooperation and involvement while lowering resistance, defiance, and anxiety.

3. USE VISUAL SUPPORTS

Schedules, visual cues, and social stories can assist autistic students in understanding and following instructions. In addition, *visuals* help clarify the order in which tasks or activities should be completed. This sequencing helps the student better prepare for transitions and gives them a clearer grasp of what is expected of them.

4. PROVIDE TIME WARNINGS

Give the student a heads-up before moving on to a new assignment or activity. When a change is about to happen, use timers or visual cues to let the student know so they have time to get ready.

5. CREATE A SAFE SPACE

Create a calm, secure place in the classroom where students can go when they're feeling stressed or overwhelmed. Allowing time for them to self-regulate adaptively and independently within the classroom will both reduce the physiological impulse tendency that occurs when their body goes into fight/flight or freeze mode (e.g. running out of the classroom, flipping chairs, or total shut down) and support better functional autonomy.

6. BREAK TASKS INTO SMALLER MANAGEABLE STEPS

When assigning academic tasks or classroom responsibilities, try to divide them into more manageable, smaller segments. This strategy lessens the task's perceived difficulty and helps the student feel less burdened, overwhelmed, and/or discouraged. It also allows the student to see that a task or a demand can be managed or completed.

7. POSITIVELY REINFORCE

Make sure to acknowledge effort, positive choices, and effective behaviours (i.e., *catch them being good*). Try not to focus on errors and mistakes but rather emphasize initiative, self-control, compliance, and good effort. Instead of pointing out that they made a mistake or did something wrong, simply say “*I wonder if we can try that again*” or “*let’s see if we can find a different answer*”.

8. ESTABLISH CLEAR EXPECTATIONS

Establish clear and consistent rules/routines to provide structure and predictability for the student. Directly communicate these expectations and reinforce them regularly (i.e., co-regulate with clear and consistent expectations).

To sum up, be mindful that every student is unique and that it is important to monitor response to intervention and modify strategies as needed. In addition, ongoing collaboration with students themselves, families, professionals, support personnel, and community partners can often provide additional insight on how to best navigate these challenges of comorbidity.

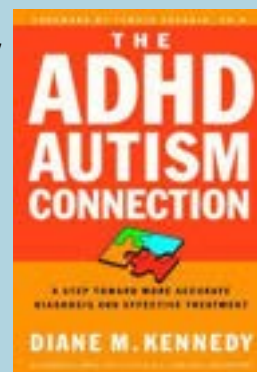
READ ALL ABOUT IT

Any discussion of ASD and comorbidity must include consideration of Attention Deficit/Hyperactivity Disorder (ADHD). Research suggests that 50-70% of autistic individuals present with a comorbid diagnosis of ADHD². The combination of these two conditions is explored in Diane M. Kennedy’s book: **The ADHD Autism Connection**.

Kennedy begins by elucidating the significant overlap in the symptoms of ASD and ADHD. Motor skill impairments, sensory issues, deficits in executive functioning, communication difficulties, social deficits, and behavioural challenges are common features of both disorders.

Kennedy also describes how awareness of each of these two diagnoses prompts very different adult reactions to a child’s problem behaviours. More specifically, children with ADHD are often subjected to behavioural approaches such as punishment to curb problematic comportment. Conversely, these same behaviours, when displayed by autistic children are more often viewed as symptoms of dysregulation for which preventative strategies are the intervention of choice. When reading Kennedy’s book, a question that emerges is: Why, given both the significant overlap in characteristics, as well as the high rate of comorbidity, do the intervention approaches differ to such a degree? While there is no clear answer to this question, there is a valuable lesson embedded within it. More specifically, diagnoses provide a broad strokes overview of a student’s symptomatology but are not sufficient to fully understand a specific child’s presentation and other deficits. Students’ particular needs, limitations, and protective factors should be explored, and interventions should be nuanced and adjusted for each unique individual.

If you’d like to read this book, please reach out to Jennifer Booth to request it from the ASD Library at jbooth04@lbpsb.qc.ca.





LISTEN TO THESE



Huberman Lab:

Dr. Karen Parker: The Causes & Treatments of Autism

This thought-provoking podcast episode features a discussion that focuses on the most current understanding and research around the causes of ASD. Dr. Parker explores human social bonding and the brain biology underlying this evolutionary imperative to connect.



Uniquely Human: The Podcast

Where Autism Meets Mental Health: A Discussion with Sean Inderbitzen

It is not uncommon for autistic individuals to experience co-occurring mental health difficulties. This podcast includes a discussion between Dr. Barry Prizant and Sean Inderbitzen, who is an autistic behavioural health therapist, focused on the latter's personal and professional experience with autism and mental health.



Uniquely Human: The Podcast

Interview with Dr. Jed Baker on Anxiety, The Incredible Hulk and Life Satisfaction

External and internal factors may render autistic individuals more susceptible to the experience of elevated anxiety. Much of Dr. Baker's work focuses on how best to manage the challenges of anxiety in our efforts to support the functioning of autistic individuals. This episode reviews specific strategies and approaches to support the development of more resilient self-esteem and self-confidence.



Neuroscience Education Institute (NEI) Podcast: Autism Spectrum Disorders and Comorbidities

This podcast discusses the conditions commonly comorbid with autism and the difficulties in differentiating between them, as well as how to tailor interventions for children experiencing comorbidities.

CHECK THIS OUT



The Autism Research Institute (ARI) maintains an excellent website with a variety of resources related to ASD, including useful information on essential features and comorbidities. In addition to information about commonly co-occurring conditions, the website links to important research, articles, and/or free webinars related to each comorbidity, such as *Anxiety and Autism* and *Sleep Issues and Autism*. Other co-occurring conditions that are reviewed include metabolic disorders, gastrointestinal and immune function disorders, epilepsy, and depression. The information presented here is evidence-based and is up-to-date with the latest available research.

<https://autism.org/comorbidities-of-autism/>

ASD TEAM MEMBERS

PATRICIA ASSOUD
Consultant for Inclusive Education

Dr. ANDREW BENNETT
Coordinator/Psychologist

JENNIFER BOOTH
Consultant for Autism

Dr. PATTY CLORAN
Coordinator/Consultant for Autism
(On leave)

KATIE COHENE, PhD
Coordinator/Consultant for Autism

SASHA DESMARAIS-ZALOB
Consultant for Autism

OLIVIA DI MARINO
Occupational Therapist

DATEVIG ETYEMEZIAN
Consultant for Autism

JADE LAWSANE
Consultant for Autism

ILANA LOGGIA
Consultant for Autism (On leave)

NATALIE MONGEAU
Consultant for Autism

HELENE PACKMAN
Speech & Language Pathologist

KIM SEGAL
Consultant for Autism

EITHNE SHEERAN
Consultant for Autism

The Centre of Excellence for Autism Spectrum Disorder Presents:

INTEROCEPTION, THE 8TH SENSE: THE SCIENCE OF HOW WE EACH UNIQUELY FEEL

****OPQ ACCREDITED CONFERENCE****

Interoception is an important sensory system that helps us to feel internal body signals like a full bladder, a growling stomach, tense muscles, or a speeding heart. Research indicates that our ability to clearly notice and interpret these internal body signals enables us to accurately identify and manage how we feel: Are we anxious? Getting frustrated? Hungry? Full? In pain? Needing the bathroom?

Interoception differences are commonly experienced by autistic people and can have a significant impact on their quality of life. This course will provide an overview of what the latest research tells us about interoception, as well as how this important sense influences our ability to recognize, understand, regulate, and/or communicate how we feel. An evidence-based framework for supporting interoception connection will be shared, including multiple strategies for nurturing the 3 main aspects of interoceptive awareness: body, emotion, action.



Kelly Mahler OTD, OTR/L

Kelly Mahler OTD, OTR/L, earned a Doctorate in Occupational Therapy from Misericordia University, Dallas, PA. She has been an occupational therapist for 20 years, serving school-aged children and adults. Kelly is winner of multiple awards, including the 2020 American Occupational Therapy Association Emerging and Innovative Practice Award & a Mom's Choice Gold Medal. She is an adjunct faculty member at Elizabethtown College, Elizabethtown, PA as well as at Misericordia University, Dallas, PA. Kelly is a co-principal investigator in several research projects pertaining to topics such as interoception, self-regulation, trauma & autism.



April 25, 2024



Live webinar

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