



AUTISM ALLIANCE OF MICHIGAN PRESENTS

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Autism and Obsessive-Compulsive Disorders: The Distinctions and Behavioral Treatment Strategies

**Contributed by Jason Majchrzak, MS, LLP, BCBA, Supervising Behavior Analyst,
Limited License Psychologist, Henry Ford Health System Center for Autism and Developmental Disabilities**

Autism Spectrum Disorder (ASD) and Obsessive-Compulsive Disorder (OCD) can be difficult to distinguish. People with both ASD and OCD may spend a lot of time repeating behaviors many times over. The primary difference between ASD and OCD is that, while OCD is about fear of something bad happening (anxiety), ASD repetitive behaviors are motivated by rules and structured patterns and routines. People with OCD may have unwanted thoughts that lead to behaviors to get rid of the thoughts, while people with ASD may repeat a task out of habit alone. For example, children with OCD are more likely to worry about germ/dirt contamination and fear of harmful events. Children with ASD are more likely to excessively save and order objects. Another difference is that people with OCD typically don't have the same communication and social functioning difficulties as people with ASD; however, both may experience similar difficulty during back-and-forth interactions with people.

It is difficult to diagnose OCD when a person has already been diagnosed with ASD, because there is little understanding of repetitive behavior with ASD. A child who spends 3 or more hours per day turning light switches on and off may do so because he is afraid he might be harmed if he doesn't, or because he is very interested in the movement of the switch up and down. Another difficulty exists in knowing how much anxiety is produced by an obsession in children limited ability to talk or discuss emotions.

Despite the differences, ASD and OCD do share similarities. People with ASD and OCD have similar scores on tests for obsessions and compulsions. People with ASD and OCD are likely to have difficulty telling the difference between important and unimportant information. Research has found that people with either ASD or OCD have similar difficulty with decision making, specifically with making plans and remembering details of places and things.

Cont.





Autism and Obsessive-Compulsive Disorders: The Distinctions and Behavioral Treatment Strategies cont.

With so much difficulty in identifying ASD or OCD, it is important to get help from a qualified treatment provider. A behavioral psychologist or Board Certified Behavior Analyst® (BCBA®) can help identify the underlying cause of the repetitive behaviors.

- Reinforcement procedures such as Differential Reinforcement of Alternative Behavior (DRA) involves praising a specific different behavior and giving no reward for the repetitive or unwanted behavior. When combined with a procedure to remove all rewards for the repetitive behavior, DRA can be very effective but may not be effective alone.
- Differential Reinforcement of Other Behavior (DRO) rewards any other behavior that does occur. Combined with other strategies, such as matching the reward to the behavior (for instance, giving gum to someone to replace finger nail biting), DRO has helped reduce behaviors to near zero level.
- Response Interruption and Redirection (RIRD), either praises appropriate behavior, or immediately interrupts repetitive behavior when it happens. A child must then complete a series of tasks that will not allow them to perform the repetitive behavior. For example, a child who repeats lines from movies may be stopped and required to answer questions such as "What's your name?" "How old are you?" RIRD can help reduce a lot of the repetitive behavior but may not fully extinguish the behavior.
- A final behavioral strategy for repetitive behavior is Habit Reversal, which involves teaching the person to know when the repetitive behavior happens, and then to learn to perform another appropriate behavior to replace the repetitive behavior. The appropriate behavior in this case is chosen so that both it and the repetitive behavior cannot be done at the same time. Habit reversal is highly effective, leading to reduced repetitive behavior by 80% or more. However, it may be difficult or impossible for people with lower functioning ASD.

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Have you heard? NIH ECHO Grant Award

A \$4.8 million grant awarded to Michigan State University (MSU) from the National Institute of Health (NIH) will help Michigan's top three research universities, a leading health care system, and a state health agency investigate how exposure to a range of environmental factors in early development influences the health of children and adolescents. Nigel Paneth, MSU University Distinguished Professor of epidemiology and biostatistics in the College of Human Medicine, will lead the group of five co-principal investigators of the NIH ECHO initiative (Environmental Influences on Child Health Outcomes).

The ECHO initiative will aggregate many established child health cohorts across the United States that start in pregnancy, at birth or in early childhood for the purpose of discovering the early environmental roots of childhood diseases, including neurodevelopmental disabilities. On September 21st, NIH announced that 35 centers were to be supported to further develop their cohorts and to participate in this national collaboration. A consortium consisting of MSU, the University of Michigan, Wayne State University, the Henry Ford Health System, and the Michigan Department of Health and Human Services as one of the centers. The plan in Michigan, supported by a grant of nearly \$5 M over the next two years, is to build on an existing pregnancy cohort in Lansing with more than 950 participants, by creating a population-representative pregnancy cohort via recruitment in 20 sampled prenatal clinics in our state.

The Complexities of Autism

Contributed by Jill Matson, CPNP, RN, Clinical Specialist, AAoM

Autism is complex. The intricacies are many. Clinical management can include uncertain paths and many roadblocks along the way. It is not uncommon to face difficulty accessing diagnosis and treatment due to lengthy wait lists, lack of experienced providers, and challenges with insurance coverage and reimbursement for services.

The medical and mental health co-morbidities associated with autism are no less complex, which is why comprehensive assessment and a multidisciplinary approach are essential. Left untreated, these problems can have a detrimental impact on overall quality of life for individuals with autism and for their families. They should not be presumed to be 'par for the course' of autism. As clinicians, we need to provide ongoing surveillance of medical and mental health comorbidities associated with autism, making appropriate referrals for additional assessment and treatment recommendations when needed, and monitoring of treatment outcomes. The numbers below remind us that many of our patient families may be long-suffering and accepting, and also of our responsibility to advocate for them.

DID YOU KNOW....

- approximately 30% of individuals with ASD have epilepsy
- between 30 to 50% of individuals with autism exhibit symptoms of ADHD
- approximately 10% of individuals with ASD also have a known genetic disorder
- about 10% of individuals with autism have a co-occurring psychiatric diagnosis
- the co-occurrence of one or more non-ASD developmental diagnoses is 83%
- approximately 5 to 8% of individuals with autism have known food allergies
- about 40 to 80% of children with ASD will have sleep difficulties versus 25 to 40% of typically developing children
- studies estimate that 21 to 100% of children with ASD exhibit a number of different motor deficits
- 46 to 89% of kids with autism have significant feeding problems

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July 31st
at the Detroit Zoo
#AutismHeroWalk
Register today at
www.aaomwalk.com

**1 MILE WALK.
3,000 PEOPLE.
1 IMPORTANT CAUSE.**

3rd Annual Navigating Autism Today Conference

Thursday, March 9th 8:00AM-3:00PM
VisTaTech Center at Schoolcraft College
18600 Haggerty Rd, Livonia, MI 48152

More Information & Registration Details
at www.AAOMCONFERENCE.org

FEBRUARY AT A GLANCE

SUN	MON	TUE	WED	THR	FRI	SAT
			1 Mental Health First Aid Course (Cadillac)	2 Nurturing Parenting Series (Iron Mountain)	3 Introduction to the Nurtured Heart Approach (Grand Rapids)	4 Friends of Different Learners Camp & Resource Fair (Beverly Hills)
5 Roller Skating Party (Grandville)	6 2017 MACMHB Winter Pre-Conference Institutes (Kalamazoo) Nurturing Parenting: (Bessemer)	7 The Struggling Child in the Classroom (W. Bloomfield) REST Training (Escanaba)	8 2017 MACMHB Winter Conference (Kalamazoo)	9 Statewide Educational Supports and Strategies for Students with ASD (East Lansing)	10 Understanding Autism (Traverse City)	11 Canton Leisure Club Caring for our Military (Canton)
12 Sensory Friendly Sunday at Therapeutic Riding by My Turn (Ann Arbor)	13 ADI-R Introductory Clinical Workshop (Ann Arbor) Nurturing Parenting: (Bessemer)	14 MedHealth Summit (Detroit)	15 ADOS-2 Clinical Review Workshop of Modules 1 & 2 (Ann Arbor)	16 Indepen-Dance (Marquette) Making Sense of SSI/SSDI (Troy)	17 Behavior Analysis Association of Michigan (BAAM) 2017 Convention (Ypsilanti)	18 Literacy in the Early Childhood Classroom (Howell)
19	20	21 Work Opportunities for your Young Adult with Autism (Grand Rapids)	22 Disability Network Parent Workshop (Traverse City)	23 Autism, Athletics, & Activities (Rochester)	24	25
26	27 ADHD and Learning Disabilities Workshop (Ann Arbor)	28 The Benefits of Being Different (West Bloomfield)				



The mission of Autism Alliance of Michigan is to lead collaborative efforts across the state that will improve the quality of life for individuals with Autism through education, comprehensive services, community awareness, inclusion efforts, and coordinated advocacy.

Please Visit Our Community Calendar for full event listings at www.navigators.autismallianceofmichigan.org/events

For more information on any of these events please contact MiNavigator at 877-463-AAOM or Navigators@aaomi.org

