

Autism Initiative: Training Series

Module 1: Overview of Autism in Adolescents and Adults Chapter 1.1: Introduction to Autism

Summary

In order to best understand the needs of individuals with autism, it is critical to begin with a basic understanding of the disorder. This chapter provides an overview of autism, including the diagnosis of autism, signs and symptoms, and current information on prevalence rates.

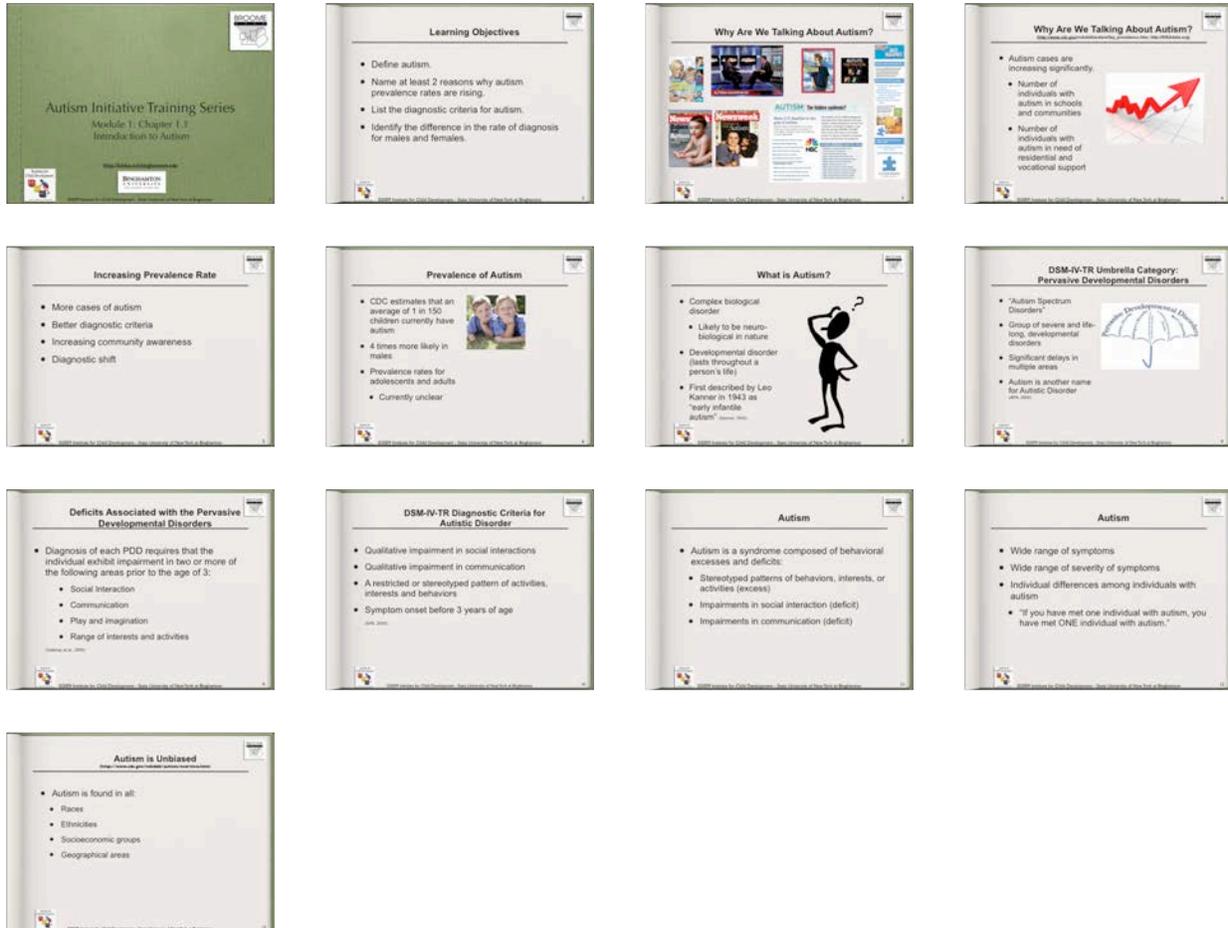
Learning Objectives

1. Define autism.
2. Name at least 2 reasons why autism prevalence rates are rising.
3. List the diagnostic criteria for autism.
4. Identify the difference in the rate of diagnosis for males and females.

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Slides



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Module 1: Chapter 1.1
Introduction to Autism

Learning Objectives

- Define autism.
- Name at least 2 reasons why autism prevalence rates are rising.
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Why Are We Talking About Autism?

- Autism cases are increasing significantly.
- Number of individuals with autism in schools and communities
- Number of individuals with autism in need of residential and vocational support

Increasing Prevalence Rate

- More cases of autism
- Better diagnostic criteria
- Increasing community awareness
- Diagnostic shift

Prevalence of Autism

- CDC estimates that an average of 1 in 150 children currently have autism.
- 4 times more likely in males
- Prevalence rates for adolescents and adults
- Currently unclear

What is Autism?

- Complex biological disorder
- Likely to be neurobiological in nature
- Developmental disorder (exists throughout a person's life)
- First described by Leo Kanner in 1943 as "early infantile autism"

DSM-IV-TR Umbrella Category: Pervasive Developmental Disorders

- "Autism Spectrum Disorder"
- Group of severe and lifelong, developmental disorders
- Significant delays in multiple areas
- Autism is another name for Autistic Disorder

Deficits Associated with the Pervasive Developmental Disorders

- Diagnosis of each PDD requires that the individual exhibit impairment in two or more of the following areas prior to the age of 3:
 - Social Interaction
 - Communication
 - Play and imagination
 - Range of interests and activities

DSM-IV-TR Diagnostic Criteria for Autistic Disorder

- Qualitative impairment in social interactions
- Qualitative impairment in communication
- A restricted or stereotyped pattern of activities, interests and behaviors
- Symptom onset before 3 years of age

Autism

- Autism is a syndrome composed of behavioral excesses and deficits:
 - Stereotyped patterns of behaviors, interests, or activities (excess)
 - Impairments in social interaction (deficit)
 - Impairments in communication (deficit)

Autism

- Wide range of symptoms
- Wide range of severity of symptoms
- Individual differences among individuals with autism
- "If you have met one individual with autism, you have met ONE individual with autism."

Autism is Unbiased

- Autism is found in all:
 - Races
 - Ethnicities
 - Socioeconomic groups
 - Geographical areas

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Scripts

Slide One:

Welcome to the Autism Initiative Video Training Series. This is Module 1, Chapter 1.1, Introduction to Autism.

Slide Two:

After completing this chapter, you will be able to: define autism, name at least two reasons why autism prevalence rates are rising, list the diagnostic criteria for autism and identify the difference in the rate of diagnosis for males and females.

Slide Three:

Etiology is more commonly known as the cause of an illness or disease, but the actual cause of autism is currently unknown. However, information about autism is available just about everywhere. The problem with this availability of information is that there is a lot of misinformation. So, how do consumers and therapeutic staff know which information is accurate? Well, the purpose of this chapter is to give an overview of autism and to help you become a more informed member of the treatment team.

Slide Four:

So why are we talking about autism? Well autism cases are increasing. This means that there are more individuals with autism in schools and communities now than say ten years ago. This also means as these individuals age; there will be more individuals in need of both vocational and residential support.

Slide Five:

Listed below on this slide are four different reasons why the prevalence rate of autism may be increasing. The first is that there really are more cases of autism occurring, the second is that we now may have better diagnostic criteria. This means that the standards that mental health professionals use to assign a diagnosis of autism have improved. The third is an increase in community awareness, which means that parents, educators and other community members have become more knowledgeable and therefore more aware of what autism is and what it may look like. Finally, we see the item labeled diagnostic shift, this is a phenomenon that occurs when an individual previously met criteria for another disorder such as mental retardation or developmental language disorder and now meets the criteria for autism as a result of changes in diagnostic criteria. This would result in more cases of autism being seen.

Slide Six:

According to the centers for disease control and prevention approximately 1 in 150 children have autism in the United States. They also cite that males are four times as likely as females to have the disorder. Unfortunately, prevalence rates for adolescents and adults with autism are not as clear.

Slide Seven:

So, what is autism? Well, we do know it is a complex biological disorder assumed to be neuro-biological

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in nature. This means that certain genetic vulnerabilities interact with environmental characteristics to produce certain changes in the brain and body that result in autism. Also, it is a developmental disorder, so this means that it begins early in development and is long-lasting. This is important because in 1943 Leo Kanner first identified the disorder as “early infantile autism” possibly implying that it’s was only seen early in child development. This implication is not accurate and as individuals with autism age the majority carry the diagnosis and the associated difficulties with them. As the deficits and difficulties individuals with autism face are not limited to childhood as they age specific consideration needs to be directed towards supporting them in both community and residential settings.

Slide Eight:

The current standard used to diagnose autism are criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Also called the DSM-IV-TR. In this manual there is a category of disorders called the Pervasive Developmental Disorders. Under this category of disorders are: Autistic Disorder, Asperger’s Disorder, Pervasive Developmental Disorder – Not Otherwise Specified, Childhood Disintegrative Disorder, and Rett’s Disorder. These are a group of severe and life long developmental disorders with significant delays in multiple areas. Also, for this training series you will frequently hear us refer to a disorder known as autism, autism is another name for Autistic Disorder under the umbrella of Pervasive Developmental Disorders.

Slide Nine:

In order to diagnose any of the Pervasive Developmental Disorders that were just introduced, certain specific deficits must be present. Specifically, an individual must exhibit impairment in two or more of the following areas prior to the age of three: social interaction, communication, play and imagination and a restricted range of interests and activities.

Slide Ten:

Even more specifically the DSM criteria for autistic disorder specify that there must be qualitative impairment in both social interaction and communication with the presence of restricted or stereotyped pattern of behaviors, interests and activities prior to the age of three.

Slide Eleven:

Another way that autism is often described is as a syndrome of behavioral excesses and deficits. A behavioral excess would be the criteria for stereotyped patterns of behaviors, interests, and activities. On the other hand, the two deficits would be within the impairments of social interaction and communication.

Slide Twelve:

Thus far, we know that as a syndrome, autism includes a range of symptoms with different degrees of severity and that individual among individuals with autism should be expected. As the quote reads below, “ If you have met one individual with autism, you have met ONE individual with autism.



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Slide Thirteen:

And finally, autism is unbiased, meaning that it can be found in all: races, ethnicities, socioeconomic groups and geographical areas. More information on specific deficits and associated features can be found in the next chapter.



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Module 1: Overview of Autism in Adolescents and Adults Chapter 1.2: Specific Deficits in Autism

Summary

This chapter provides an overview of the specific deficits in autism. Topics will include signs and symptoms of core deficits, description of associated deficits, and the impact of these limitations of the development of individuals with autism.

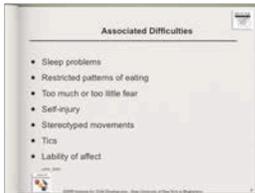
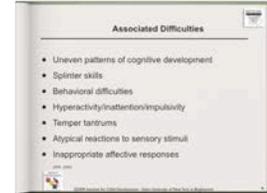
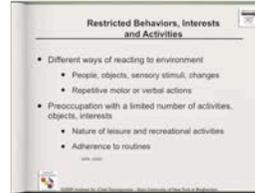
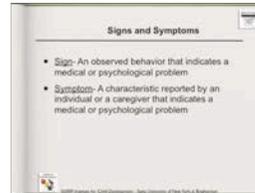
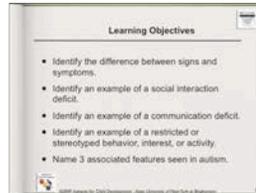
Learning Objectives

1. Identify the difference between sign and symptom.
2. Identify an example of a social interaction deficit.
3. Identify an example of a communication deficit.
4. Identify an example of a restricted or stereotyped behavior, interest, or activity.
5. Name 3 associated features seen in autism.

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Scripts

Slide One:

Module 1: Chapter 1.2: Specific Deficits in Autism.

Slide Two:

After completing this chapter, you will be able to: identify the difference between signs and symptoms, identify an example of a social interaction deficit, a communication deficit, and an example of a restricted and stereotyped behavior, interest, or activity, as well as name three associated features seen in autism.

Slide Three:

Lets begin by differentiating signs and symptoms: A sign is an observed behavior that indicates a medical or psychological problem. A symptom, on the other hand is a characteristic reported by an individual or a caregiver of that individual that indicates a medical or psychological problem. The main difference between a sign and a symptom is that a sign is something that is seen, and a symptom is something that is reported. In autism both the core deficits and associated features that will be discussed in this chapter can be both signs or symptoms, but a thorough assessment will have considered caregiver or individual report, as well as observing behavior.

Slide Four:

In order to proceed most efficiently and effectively through our discussion of specific deficits in autism, we'll begin by discussing the core deficits and move on to the associated features. You'll remember that the core deficits were first introduced as the diagnostic criteria in chapter 1.1 on etiology. The first criterion is impairment in social interactions and the reason this is the first we focus on is because it is one of the most noticeable characteristic of an individual with autism. These may involve: impairments in the lack of the use of multiple, nonverbal behaviors that regulate social interaction (APA, 2000). These could be things like: eye-to-eye gaze and making eye contact in general, facial expression and identifying the emotions of others, body postures and gestures. You may notice that some of these are explicit behaviors where you're perhaps making direct eye contact with someone, where others are more subtle behaviors that may change the meaning of what is being said. These are often the most difficult areas for individuals with autism because it involves interpreting different signals for similar cues. We'll discuss more on this later.

Slide Five:

Some other indications of impairments in social interaction may be a failure to develop peer relationships appropriate to their developmental level. This relates to the individual's age, so perhaps someone who is 15 years old is making friends with someone who is 10 years old. There may also be a lack of spontaneous seeking to share enjoyment, interests, or achievements with others. Which could further involve even simply showing something to share enjoyment or pointing out objects of interest to others to share an emotional experience. This leads to the final point, an absence of social or emotional

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reciprocity. This might mean that there is not a give and take of turn taking in social interactions. As you can imagine this can lead to a failure to develop appropriate social skills or what may be known as typical social skills for an individual's age. The difficulty in recognizing the emotions of others can significantly impair an individual's ability to interact in their environment and it may result in them appearing to be uninterested in other people and only interested in a world of their own.

Slide Six:

The second impairment is in communication. Some estimate that 40% of individuals with autism do not ever acquire verbal speech. This is known as being non-verbal. Some of these individuals have learned to use alternative methods of communication such as pictures or photographs that they use to exchange, or sign language, but some individuals are unable to communicate effectively. Some have what's called echolalia, echolalia is when someone repeats something they heard either immediately or at a later time. So perhaps an individual has been watching a movie they like and they start repeating lines from that. Also, the quality of speech may vary (Johnson, 2004). This is important because if an individual can communicate, but they may not always be heard or understood due to enunciation of words it is difficult for them to communicate and qualifies as a qualitative impairment in communication.

Slide Seven:

The third criterion is restricted behaviors, interests, and activities. This involves different ways of reacting to environment. This could involve reacting differently to people, objects, sensory stimuli like lights or sounds or changes in the environment. Environmental changes in general could involve moving furniture around a room or a change in schedule, which is more abstract. You might also see repetitive motor or verbal actions. Repetitive motor actions could include hand flapping, body rocking and many others. As far as verbal actions it could involve repetitive counting or saying the same thing over and over again. There also can be a preoccupation with a limited number of activities, objects, and interests. It may be most evident in the choices for leisure and recreational activities. Perhaps an individual really enjoys baseball and all they talk about is baseball, or all they do is organize baseball cards in a certain order and do not want to engage with someone else regarding their interests with a certain player or a certain team. Also there may be a strict adherence to routines. This was mentioned a few moments ago as changes in the environment because any disruption in the routine can result in frustration.

Slide Eight:

In relation to impairment in intellectual functioning, there are also sometimes uneven patterns of cognitive development, which could result in something called splinter skills. Splinter skills are when an individual has a very well developed ability in one area. This does not mean that they are higher functioning overall, just that one area is very good. Perhaps they are an amazing artist or they are exceptionally good at doing mathematical problems, but this does not mean that the rest of their cognitive ability is at the same level. Some other associated difficulties are behavioral problems. These could be due to hyperactivity, inattention, or impulsivity. You may see aggressive behavior or temper tantrums due to a variety of causes. There also may be atypical reactions to sensory stimuli. One individual may be extremely sensitive to bright lights or loud noises, while another individual exposed to same noises and same lights may be completely under reactive to them and seem like they do not notice it at all. Another point is the inappropriate affective responses. Sometimes this looks like an individual is laughing at an inappropriate time, for example during a sad part of a movie, or when someone is going through

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something that is sad, they may laugh at something perhaps unrelated to what the individual is going through. As you will recall, the inability to detect emotions in others may be coming into play.

Slide Nine:

Some other associated features and difficulties are sleeping problems, which may include falling asleep and staying asleep. Some other issues involve restricted patterns of eating. Too much or too little fear is also a significant concern for individuals regarding safety, especially if there is too little concern when engaging in risk taking behavior. There also could be self-injurious behavior including head banging, scratching or pinching themselves when frustrated. There are also stereotyped movements, which we covered briefly before which could be self-soothing things or could be due to something else, basically hand flapping or certain patterns of movements that serve a purpose for that individual. There are also tics that are possible and lability of affect which means rapid mood swings sometimes that appear to the observer to be due to something unexpected or to seem completely out of the blue.

Slide Ten:

Because there remains great confusion and misunderstanding about autism and its many forms of expression, it is important to obtain a diagnosis and evaluation from well-qualified and experienced professionals. We referred to this earlier when we talked about going through a thorough assessment of both signs that are observed by a clinician and symptoms reported by the individual or caregivers in order to have a comprehensive look at what the needs are, specifically for each individual. So let's talk about a few of the myths. Many suggested 'signs' of autism are based upon casual observation and media dramatization, and are more myth than fact. Examples of such myths are: the absence of smiling means someone has autism. This could mean a lot of other things to, what if the individual is having a bad day? The second is if the individual shows affection, then the problem can't be autism. Well, in that case you'll remember that the social impairments have to do with social interactions not with the expression of emotion, but the appropriate use of that emotion and if some of the associated features are temper tantrums or aggressive behavior those are all expressions of emotion, it's just not quite the same. People who are socially awkward have autism. There are a lot of people who are socially awkward for a variety of reasons, but does not entail that the individual has autism.

Slide Eleven:

In follow up there are some common misconceptions, which are not necessarily myths because they are partially based on factual information or at least a parallel between what people are hearing and some information that is actually correct. The first of these is that autism is a mental illness. The fact is that autism is a neurologically based disorder of development, as we already told you in chapter 1.1. It is not considered a mental illness. The second misconception is that individuals with autism are mentally retarded; you'll remember that we talked about this too. The fact is that some mental retardation may coexist with autism, as well as other intellectual impairments, but not all individuals with autism are mentally retarded; the intelligence quotient of these individuals can range from very low to very high. The third misconception is that individuals with autism are simply unruly people who choose not to behave. Well, some individuals with autism may exhibit aggression but there are other reasons why these individuals have difficulties engaging in appropriate behavior. There may be many reasons why individuals with autism demonstrate disruptive or aggressive behavior for example, confusion due to language deficits, possibly sensory sensitivities, high anxiety, or low tolerance to change. Remember the



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adherence to routine or the difficulty with change in the environment could be problematic; this is part of what it is like to have autism. However, these behaviors are generally NOT “chosen” by the individual, they are reactions to the environment as the individual understands it. Finally, bad parenting causes autism. The fact is that there is no credible evidence to suggest that autism can be caused by deficient or improper parenting, contrary to what was believed in the past. Now that we have discussed the specific deficits in autism, including core deficits and associated features, we will move on to discussion of comorbid disorders in chapter 1.3.

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References

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Module 1: Overview of Autism in Adolescents and Adults Chapter 1.3: Comorbidity

Summary

This chapter provides an overview of comorbidity in adolescents and adults with autism. Topics covered in this chapter include defining comorbidity, challenges in assessment and treatment of comorbid disorders, identification of common comorbid disorders, and presentation of factors related to comorbidity in adolescents and adults with autism.

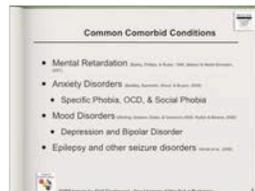
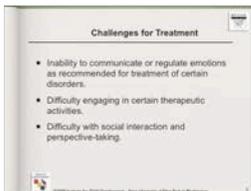
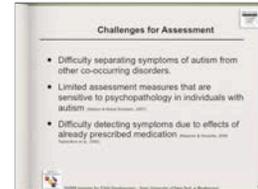
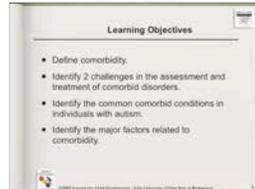
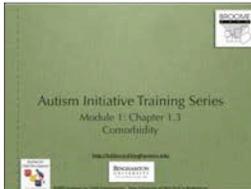
Learning Objectives

1. Define comorbidity.
2. Identify 2 challenges in the assessment and treatment of comorbid disorder.
3. Identify the common comorbid conditions in individuals with autism.
4. Identify the major factors related to comorbidity.

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Slides



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Module 1: Overview of Autism in Adolescents and Adults Chapter 1.3: Comorbidity

Scripts

Slide One:

Module 1 Chapter 1.3: Comorbidity

Slide Two:

After completing this chapter, you will be able to: define comorbidity, identify two challenges in the assessment and treatment of comorbid disorders, identify the common comorbid disorders in individuals with autism, and identify the major factors related to comorbidity.

Slide Three:

Lets first define comorbidity- this is when an individual is diagnosed with two or more disorders at the same time. They don't actually have to be diagnosed with the disorder at the exact same time as long as it occurs, overlapping at some point in their life. The common comorbid disorders could be: medical, psychological, or could be of another nature. As you will see from the diagram on this page, this is a suggestion of what one individual's presentation could look like. The individual could have a problem resulting in a diagnosis of autism, but there are also some other difficulties there such as anxiety and depression, having cerebral palsy, and maybe they are experiencing gastrointestinal problems, which are problems with the digestive system. So you can imagine what a complex picture this presents because this could be one individual with autism where as the next individual with autism could have very different types of needs. This poses a very difficult challenge for assessment and for treatment and we will talk about these in turn.

Slide Four:

First we will talk about challenges for assessment: the first item indicates that there is difficulty separating symptoms of autism from other co-occurring disorders. What this means is that say an individual is having a difficult time and is having an aggressive outburst. It is difficult for someone who is observing to determine if this is occurring due to some sort of involvement of characteristics of autism or if it is due to that individual having difficulty with perhaps an explosive disorder. Or maybe if they are crying a lot it could be that it's something to do with the act of crying that feeds into the repetitive and stereotyped behaviors or maybe they could be depressed, it is very difficult to determine this. Part of this is indicated in the second point, there are limited assessment measures that are sensitive to psychopathology in individuals with autism. This means that the tests and assessments measures that clinicians and other therapeutic staff use with other individuals to try to indicate whether or not a disorder is present are not frequently used with individuals with autism, and if they are, they need to be adapted and changed to the point that the actual properties of the test and the certainty that an individual can have when saying that is actually a problem becomes some what foggy and hard to determine. Finally, there is difficulty detecting symptoms due to effects of prescribed medication. If you will remember, we talked about some of the difficulties in the previous chapters that individuals may experience. If there is already inattention and impulsivity they may be prescribed some medication to help control that. Or perhaps the presence of tics or other motor behaviors that are not related to

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repetitive behaviors they might be on medication for these things, and some of what is seen may be a side effect of that medication and not another disorder.

Slide Five:

Now we will move on to challenges for treatment. The first is the inability to communicate or regulate emotions, which is recommended for treatment of certain disorders. If an individual has difficulty communicating, it is difficult for a therapist to be able to work with them and understand their perspectives. There is also a difficulty engaging in certain therapeutic activities. Many therapeutic approaches that are involved in common comorbid conditions specifically for psychopathology and sometimes even for medical procedures have a lot to do with being able to understand abstract thinking or maybe understanding things like perspective taking. As the third point indicates, these individuals are having difficulty with social interaction and perspective taking which can make it very difficult to engage them in a reciprocal interaction, which is really what therapy is for many of these disorders.

Slide Six:

Now we will discuss some of the common comorbid conditions in autism. The first is Mental Retardation, which we covered briefly in chapter 1.2. The second is Anxiety Disorders and this could include specific phobias (for example, fear of spiders, fear of flying, fear of flights), obsessive compulsive disorder also known as OCD, and social phobia, which involves social anxiety or fear of negative evaluation. One of the third categories is Mood Disorders; this involves things like Depression and Bipolar Disorder. Remember we referred in another chapter the lability of affect or rapid mood swings and often times this might be perceived to be bi-polar disorder and may in fact be bi-polar disorder. Typically in depression you will see a low level of mood, people typically report being sad or blue, but in bi-polar disorder there could be cycling, so someone could appear what's called manic which appears to be hyper with grandiose ideas and thinking they can do anything and then switch down to a very blue mood or depressed mood. Finally, you'll see listed here Epilepsy and other seizure disorders. These are in fact quite common for individuals with autism and this is something that needs to be considered in addition to medication and other issues in assessment and treatment.

Slide Seven:

To wrap up this chapter, we would like to highlight some factors that are related to comorbid conditions the clinician or therapeutic staff member may see changes in symptoms or behaviors. There might be altered activity levels and withdrawal from social interaction that was previously there. There might be significant non-compliance and aggression above and beyond what would normally be observed. There could be sadness, as we said in Depression or Bi-polar Disorder or decreased interest, and changes in eating behaviors, and there also may be pressured speech and higher than normal activity levels. You'll notice that the reasons many of these factors, despite being impossibly indicative of a comorbid disorder, are actually very difficult to tease apart from some of the associated features we had previously discussed. It is important that you, as therapeutic staff get the opportunity to look at these sorts of changes and symptoms or possible changes in behavior and mood and are able to effectively report those things to clinicians and supervisors, as well as just being aware of differences that may occur on day-to-day basis. In Module 2, you begin to learn about better ways to become essential service supports and ways you can use these skills and abilities and these observations in providing well rounded treatment.

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Module 1: Overview of Autism in Adolescents and Adults Chapter 1.3: Comorbidity

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