WASHINGTON
AUTISM ALLIANCE

Psychiatry for Autism and Co-occurring Mental Disorders

Dr. Arthur Westover
UT Southwestern Medical Center

Welcome!

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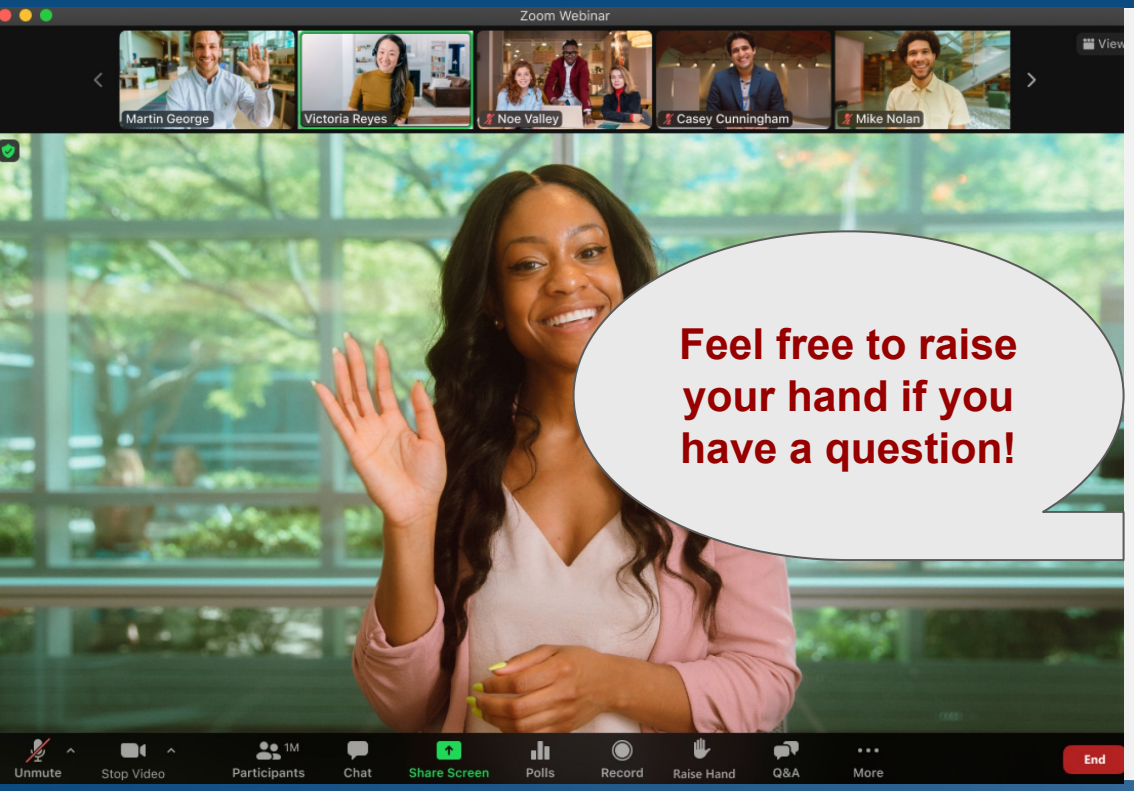
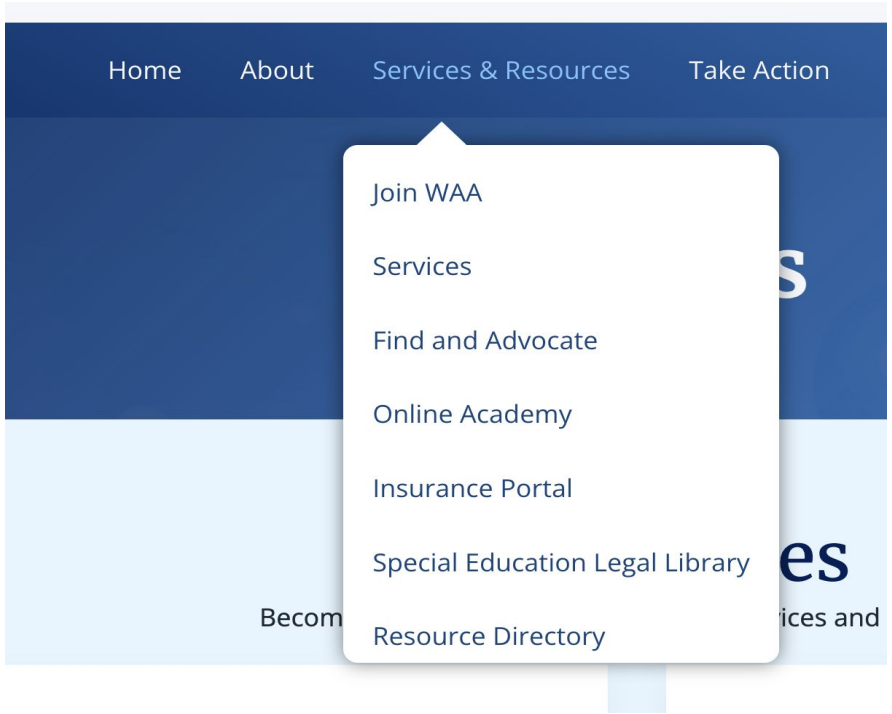


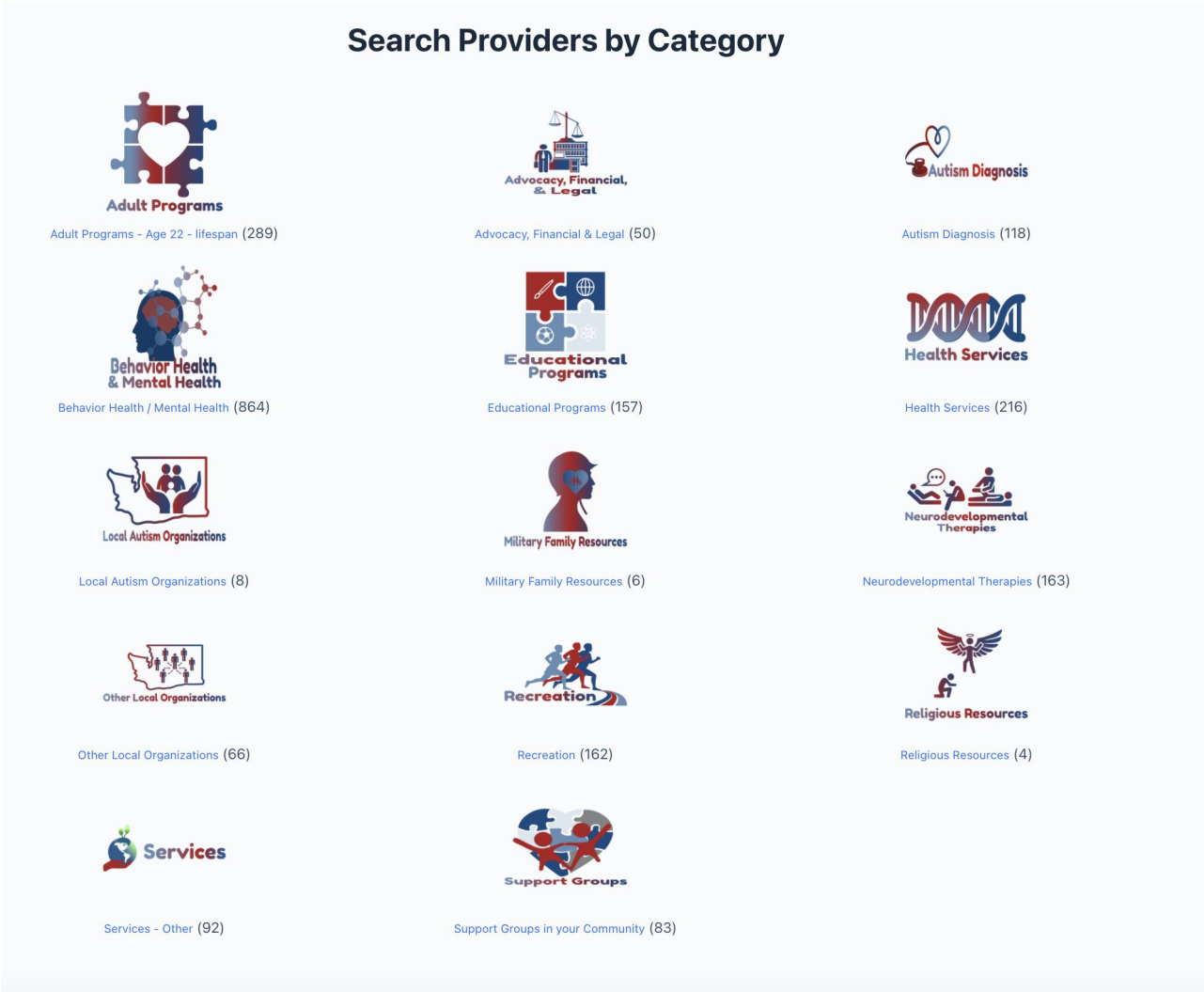
Before we get started

- Please change your name in Zoom to include your first name and preferred pronouns
- Please use the “raise hand” function under “reactions” and unmute yourself to ask a question

⇐ ZOOM Toolbar (or taskbar)

WAA Services and Resources





Our Presenter

Dr. Arthur Westover is an Associate Professor in the Department of Psychiatry at UT Southwestern Medical Center, who specializes in adult psychiatry, adult autism, and developmental disabilities in adulthood.

UT Southwestern
Medical Center

Psychiatry for Autism and Co-occurring Mental Disorders

Arthur Westover, MD, MSCS
Director of Adult Autism Services
Associate Professor of Psychiatry
UT Southwestern Medical Center
May 8, 2025

Today's Discussion

- My journey as a Father and Psychiatrist
- Challenges of Adult Psychiatric Care for Autistic Persons
- Discussion about the future of healthcare for Autistic Persons
- Treatment issues: challenging behaviors, medication, catatonia

Adults and ASD/IDD – who am I?

- Psychiatrist
  - Residency (2002-06), Research, ER, Inpatient (2006-16)
- Father
  - Luke (born in 2004)
- A new phase as a Psychiatrist
  - Fragile X Syndrome clinic (2015)
  - Outpatient psychiatry (2016)
    - "Will you see autistic adults?"
  - Director of Adult Autism Services (2020)

Our Son's and Family's Journey

- Jittery baby
- Non-verbal until 4yo
- "Apraxia of Speech"
- Preschool Program for Children with Disabilities (PPCD, now Early Childhood Special Education)
- Autism & ID dx from school by 5yo
- Autism dx from Psych Specialist at 7yo
- Public school special education
- Part-time ABA, 4th to 8th grade
- Young Adult Transition Services (now 20yo)

Psychiatrist—Many Families' Journeys

- From 17yo to 60+yo
- Autism levels 1-3 (including "profound")
- Wide variation in family resources
- Elderly parents planning living transition
- Siblings as caretakers
- Living situations
  - At home with parents
  - Group homes
  - Private facilities

Most common presentations (ASD/IDD)

- Behavior problems
  - That interfere with work, school, day program, living situation
  - Sometimes severe self-injury or violent behavior
- Transition of care
  - Needs a psychiatric provider that works with adults
- Depression, anxiety, ADHD, and OCD
- Psychotropic medication side effects (e.g. antipsychotic SE)
- Young adults – transition difficulties “failure to take flight”
- “Do I have autism?”
- Resource concerns – aging parent

Psychiatric co-occurring conditions are high in Autistic Adults

Table 2. Prevalence of psychiatric conditions in adults with ASD and controls.

Psychiatric conditions	Adults with ASD ($N = 1507$), *n* (%)	Controls ($N = 15{,}070$), *n* (%)	Chi-square *p* value	OR_a (99% CI)*
Alcohol abuse	33 (2.19)	591 (3.92)	0.0008	0.49 (0.31–0.78)
Alcohol dependence	16 (1.06)	296 (1.96)	0.014	0.44 (0.23–0.86)
Anxiety disorder	439 (29.13)	1371 (9.10)	<0.0001	3.69 (3.11–4.36)
Attention deficit disorders	167 (11.08)	294 (1.95)	<0.0001	5.33 (4.08–6.97)
Bipolar disorder	159 (10.55)	251 (1.67)	<0.0001	5.82 (4.41–7.68)
Dementia	34 (2.26)	75 (0.50)	<0.0001	4.40 (2.50–7.71)
Depression	388 (25.75)	1490 (9.89)	<0.0001	2.86 (2.40–3.40)
Drug abuse	39 (2.59)	418 (2.77)	0.67	0.75 (0.48–1.17)
Drug dependence	27 (1.79)	325 (2.16)	0.35	0.66 (0.39–1.12)
Obsessive–compulsive disorder	115 (7.63)	74 (0.49)	<0.0001	14.63 (9.81–21.82)
Other psychoses	95 (6.30)	83 (0.55)	<0.0001	11.81 (7.87–17.73)
Schizophrenic disorders	118 (7.83)	56 (0.37)	<0.0001	22.24 (14.34–34.48)
Suicide attempts	27 (1.79)	48 (0.32)	<0.0001	5.05 (2.67–9.54)

Croen et al. Autism 2015

Adult Psychiatrists are experts in psychiatric conditions, but not experts in ASD/IDD

- Most adult psychiatrists have little to no training in ASD/IDD
  - ACGME program requirements for General Psychiatry none
  - 2019 survey of program directors
    - Very few specialized services for autistic adults
    - Lack of faculty experts
    - Essentially no improvement from 2009 to 2019

- Given "services cliff" for adults, who will provide **behavioral** care?
  - Pediatric neurology Adult neurology
  - Pediatricians/Developmental Pediatricians Adult Primary Care
  - Child & Adolescent Psychiatry Adult Psychiatry

Marrus et al. Autism 2022

Hidden Curriculum vs. The Truth as I have learned

Myths	Truth
Can’t be helped	Almost everyone can be helped!
Unrewarding work	The most rewarding work I have done!
No help, no collaborators	The most collaborative work I have done as a psychiatrist!
Far away from the “cutting edge”	Absolutely on the cutting edge of brain science!

Psychiatric training must be reformed

Home › Academic Psychiatry › Article

The Future of General Psychiatry Must Include Autism Spectrum Disorder and Intellectual Disability

Commentary | Published: 23 May 2024

(2024) Cite this article

Academic Psychiatry

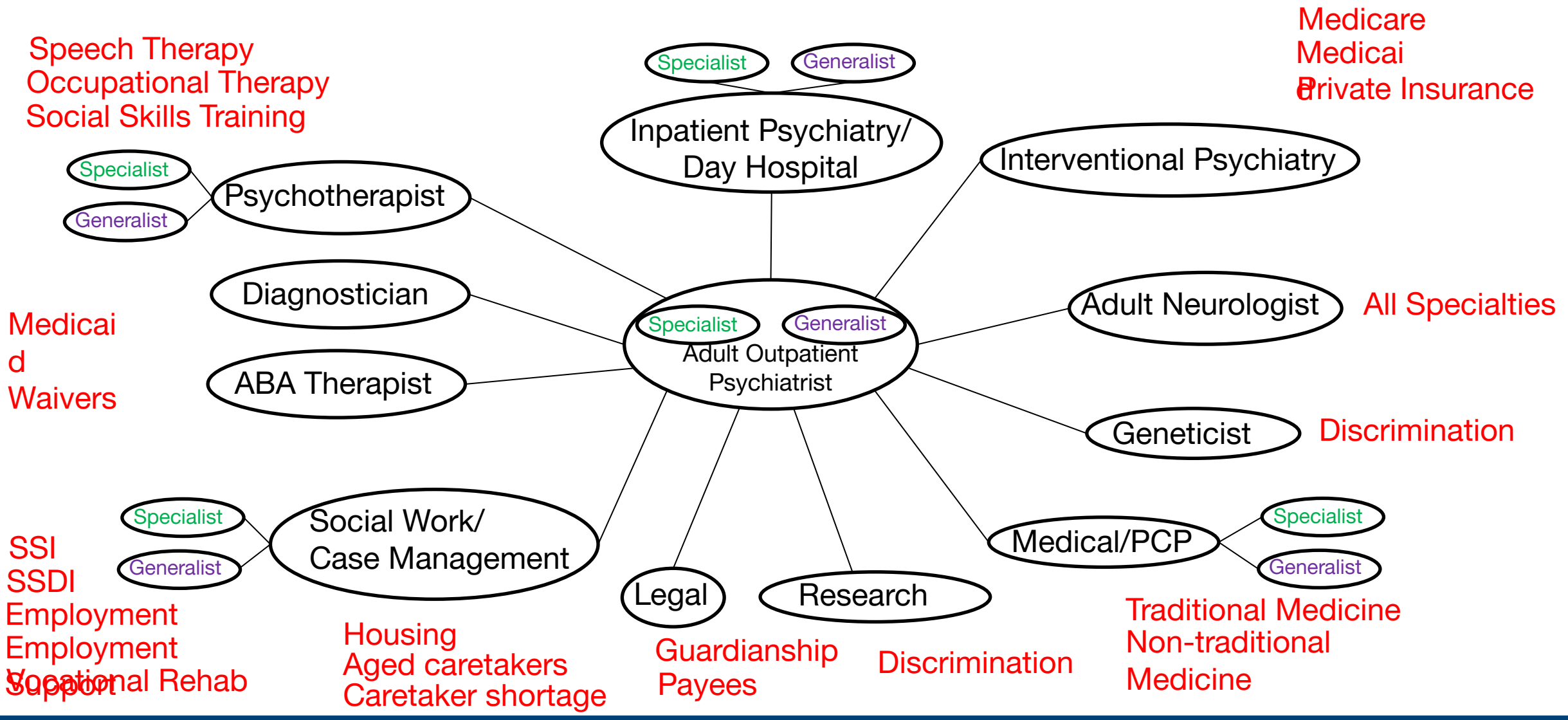
Actionable steps to reform psychiatric training

- Revision of ACGME requirements (2026?)
  - Organized educational clinical experience in ASD/ID (time requirement?)
  - Since 2020, Canada requires “training experiences” in ASD/ID
- Clinical training
  - Integrate psychiatric care of ASD/ID into service lines
    - Clinical experiences in inpatient, outpatient, emergency, & consultative care
  - Specialty outpatient clinics, and specialty inpatient units
- Formal classroom teaching
- Collaboration with community programs
- Should include those patients with challenging behaviors

Innovation in Medical Education

- UT Southwestern experience
  - Increased ASD/IDD classes for psychiatry residents
  - ASD/IDD outpatient clinic elective started in 2023
    - 3 residents in 1st year
    - 6 residents, 1 fellow in 2nd year
  - Transition pathway from Children's Autism Clinic to Adult Clinic
  - Outpatient clinic — Transitional Age Youth (TAY) 18-26yo
  - Required internal medicine clinic experience for MS3s

Conceptions of the role of Psychiatry

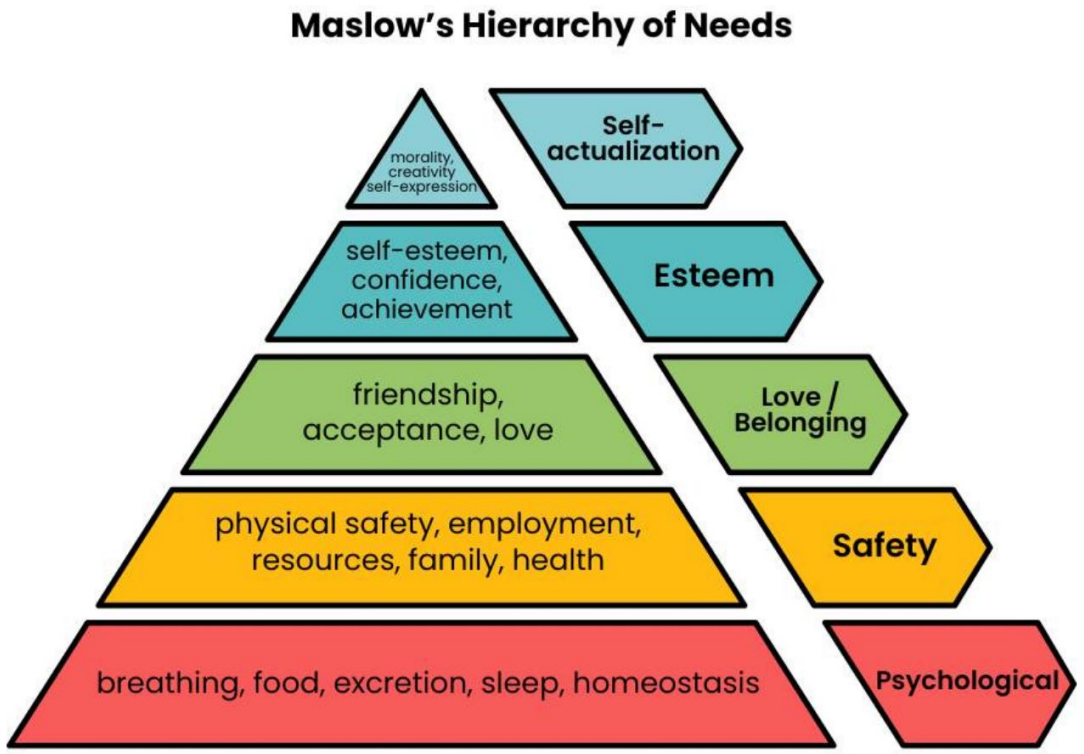


How many are lost in this maze?

?

A Bigger Picture of Health and Well-Being

- Overall physical and mental health are critical
- Autism stakeholders must focus on healthcare across the lifespan
  - It's not just about kids
  - Kids become adults
  - Adults become elderly



A Sobering Challenge

- Lifespan of Autistic Persons is less than Non-Autistic Persons
  - Swedish matched case cohort study (birth year, gender, location)
    - Avg age at death: 70yo (controls) vs 54yo (autism)
      - 40yo (autism + ID)
    - Leading causes of death: epilepsy, cardiovascular disease, and suicide

	Controls, *n* of deaths (%)	ASD OR (95% CI) *n* of deaths (%)
Infections	245 (0.01)	1.83 (0.75–4.30) 5 (0.02)
Neoplasms	4493 (0.17)	1.80 (1.46–2.23) 88 (0.32)
Endocrine	474 (0.02)	3.70 (2.34–5.87) 19 (0.07)
Mental and behavioural disorders	925 (0.03)	2.80 (1.94–4.03) 30 (0.11)
Nervous system	737 (0.03)	7.49 (5.78–9.72) 62 (0.23)
Circulatory system	8820 (0.33)	1.49 (1.27–1.75) 157 (0.58)
Respiratory system	1351 (0.05)	2.68 (1.99–3.62) 45 (0.17)
Digestive system	733 (0.03)	3.31 (2.25–4.87) 27 (0.10)
Genitourinary system	253 (0.01)	3.82 (2.13–6.84) 12 (0.04)
Congenital malformations	106 (<0.01)	19.10 (11.94–30.55) 21 (0.08)
Symptoms, signs and abnormal findings, other	618 (0.02)	1.81 (1.06–3.08) 14 (0.05)
Suicide	1094 (0.04)	7.55 (6.04–9.44) 83 (0.31)
External causes, other	1696 (0.06)	1.67 (1.16–2.40) 30 (0.11)
Other	232 (0.01)	5.84 (3.46–9.86) 15 (0.06)

Hirvikoski et al. British J Psychiatry 2016

What explains this mortality risk?

- Communication challenges
  - Less preventative healthcare
  - Difficulty communicating pain or symptoms
- Tactile sensitivities
  - Inadequate exams
  - Inadequate diagnostic studies (e.g. blood draws, MRI)
- Social isolation and discrimination
  - Depression & anxiety
- Lifestyle factors
  - Limited diet
  - Lack of opportunities for sports & exercise
- Medication side effects
  - Antipsychotics (metabolic syndrome), antiepileptics (osteoporosis, insomnia)
- Genetics
- Provider nihilism

Medical & Practice

~~Psychiatric~~ training must be reformed

Home > Academic Psychiatry > Artic

Medicine

The Future of ~~General Psychiatry~~ Must Include Autism Spectrum Disorder and Intellectual Disability

Commentary | Published: 23 May 2024

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Academic Psychiatry

Westover Academic Psychiatry 2024

How can UT Southwestern Transform?

- Coordinated vision and master plan for radical inclusion & accommodation
  - Inclusive care, not segregated silos
  - Developing and supporting champions in all specialties
    - E.g. Primary care (Emily Bufkin, Kylie Cullinan, Jason Newman, Christine Liu, Susan Overstreet)
  - Identifying and removing barriers
- ASD/ID/NDD training and experience for medical students and residents (classroom and bedside/clinic)
- Financial model that is sustainable
  - Challenges of Medicaid
- Engaging the community
  - Partnership with autistic persons and families
  - Let's invent this together!
- More patients = more experience = more training = more confidence
- How to include the entire medical community in DFW?
- How to be a model for academic institutions in the US?

Actionable Steps at UTSW

- Improved preventative care
  - Expanded and improved primary care for ASD
- Improved diagnostic testing
  - Specialized phlebotomy services
  - CT/MRI exams
- Improved ER and Inpatient experiences
  - “Tool kit” and training for medical providers/staff
- Inclusion of allied health services
  - Speech therapy, dieticians, occupational therapy, behavioral therapy
- Inpatient psychiatric treatment
- Improved social work, case management, patient navigation
- Clinical Genetics (Dr. Markey McNutt)

Principles of Treatment for adult ASD/IDD

Training your own psychiatrist:

"Your experience as an adult psychiatric provider treating many different conditions is useful and vital."

Medication Advice/Pearls

- Prepare patients and family for collaborative algorithmic search
- Use lower doses than usual (“low and slow”)
- Knee-jerk antipsychotic use is not proper
  - Risperidone is over-used and causes metabolic syndrome, TD, and hyperprolactinemia
- Past psychotropic use (patterns) can often guide next steps
- Where the best choice is unclear, start with med class with low SE
- One change at a time where possible, for better inferences
- Try to avoid polypharmacy
- Be prepared for the unpredictable

Other important treatment considerations

- Patients/family really want to **be heard and understood**
- Collaborative patient-provider relationship
- Dedication
  - "I won't give up, we're in this together for the long haul"
- Staff – comfort, sensitivity, and experience
- Sensory experience
  - quiet non-crowded waiting options
- Language and communication adaptation where appropriate

Therapeutic Alliance!

Importance of Collaborative Therapists

- Psychologist/LCSW/LPC
  - ASD inexperienced
  - ASD informed/comfortable
  - ASD specialist
    - Verbal patients with some insight
- Behavioral therapy
  - Applied Behavior Analysis (ABA)
    - Targets language/communication, social skills, academics, problem behaviors
    - Positive reinforcement
    - Conception (Antecedent → Behavior → Consequence)
    - Therapy location: office, home, community
    - Outpatient visit collaboration → Patient/Family/Therapist/Psychiatrist

Genetic testing in ASD/IDD

- ASD is a phenotype consisting in part of many genetic disorders
  - SPARK genetic study of 457 families with ASD (whole exome sequencing)
    - All families
      - Gene variants or loci known as recognized causes of ASD: 10.4%
      - Gene variants possibly associated with ASD: 3.4%
    - When seizures present: 27%
    - When intellectual disability present: 20%
    - Multiplex family: 15.2%
    - Simplex family: 10.1%
  - How to do genetic testing
    - Clinical genetic testing (e.g. UTSW Clinical Genetics clinic)
    - Research genetic testing
      - SPARK (Simons Foundation)

Severe behaviors in ASD/IDD are an ongoing unmet crisis

- Self-injurious behavior (SIB) is common and persistent
  - 42% of autistic persons have SIB
  - 78% persist after 3 years
- Families are in crisis!
  - Unable to leave home and access services
  - No hospitalization options in North Texas (home □ ER □ home)
    - "What are you expecting us to do? He has autism."
    - "I'm sorry, your child is too severe to be hospitalized."

Steenfeldt-Kristensen et al. 2020, Richards et al. 2016

My personal algorithm (Part 1 of 2)

1. Are there **physical medical problems** that may explain the agitation?
2. Are there behavioral/psychological explanations for the agitation that could be helped by a **therapist**?
3. Are **other psychiatric conditions** present (for example, a mood disorder)?
4. Have **catatonic symptoms** been present as part of the clinical picture?
5. What **prior medications** have been used and what were their effects?
6. Does the **pattern of response to prior medications** point to a potential root cause or category of medication that might be the most effective?

My personal algorithm (Part 2 of 2)

7. Among the best choices for a first or next medication, is a **“least side effects” or “best chance of working now” strategy preferred**, where those choices are not one and the same?

8. Where a medication has been administered and is tolerated without significant side effects, have the **dosage and elapsed time been sufficient** to determine whether it is effective?

9. Are medications being changed in a way where conclusions and inferences can be made about each medication, for example, by **changing one thing at a time**?

10. Is there an **unknown genetic disorder**?

11. Is there a **neuroimmune disorder**?

Catatonia in Autism

- 10.4% of adolescents and adults with autism can have catatonia
- Types of catatonia
  - Retarded catatonia (mutism, inhibited movement, posturing, rigidity, negativism, staring)
  - Excited catatonia (excessive and purposeless motor activity, restlessness, stereotypy, impulsivity, frenzy, agitation, and combativeness)
- Treatment
  - Benzodiazepine (lorazepam challenge)
  - Electroconvulsive Therapy

How do I diagnose catatonia in ASD/ID?

- Familiarity with DSM definition of catatonia
- Rating scales
  - Familiarity with Bush-Francis Catatonia Rating Scale and Kanner (1996)
  - Familiarity with Kanner Scale (2008)
- Can be episodic
- Videos
- Prior response to benzodiazepines
- Lorazepam challenge
- Needs further research

Carroll et al. Psychiatry (Edgmont) 2008
Bush et al. Acta Psychiatr Scand 1996

SPACES – Catatonia (ASF)

- SPACES (Supporting People with Autism and Catatonia through Education)
  - 6 part webinar
    - First 2 parts on YouTube
    - Parts 3-6, May 14, June 20, Jul 8, Aug 14
      - https://curesyngap1.org/series/spaces-catatonia-and-asd-webinar-series-2025/
      - https://us06web.zoom.us/meeting/register/RV6rkPh_SAW8Hw3wmQdCrg

The promising and exciting scientific future of treating ASD/IDD:

Is the Era of Personalized/Precision Medicine in ASD/IDD based on Genetics arriving?

Personalized medicine based on genetics

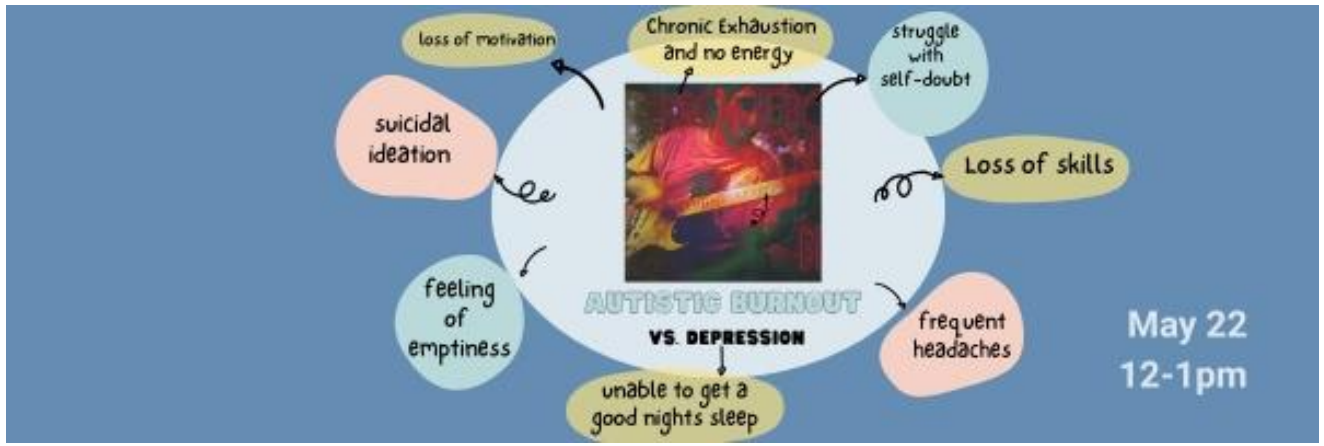
- SCN2A mutation
  - 26yo M with severe disabling movements
  - Treatment with diuretic acetazolamide
- MECP2 duplication syndrome
  - X chromosome; affecting males
  - Impaired motor abilities, intellectual disability, epilepsy, ASD, respiratory infections, premature death (often in mid-20s)
  - Dr. Huda Zhogbi at BCM – Antisense Oligonucleotides (ASOs)
- Neurocutaneous melanocytosis
  - Clonal proliferations of benign melanocytes that arise during embryogenesis
  - Proliferation in the CNS
  - Case report - Trametinib – MEK inhibitor to treat melanoma
    - 7yo F “rapid resolution of the patient’s lifelong, intractable pain and pruritus as well as dramatic improvement in the extent of her nevus”
  - Genetic testing → Tumor Board → Workup

Leach et al. Eur J of Paediatric Neurology 2016
Mir et al. Pediatrics 2019

Summary

- Our unique individual journey
- Our shared journey
  - Combatting loneliness
  - Working together for a better future
    - Get involved if you can
    - Just showing up in small ways can instigate positive change
- Medical/health Wellness
  - Our systems need guidance and improvement
  - Transformation is inevitable, and must start now
- Psychiatry has an important role to play

A Few Of WAA Upcoming Events



May 12, 5-7 pm
School Avoidance

Visit our Website for more information: washingtonautismalliance.org
Do you have other training suggestions? Please reach out to us:
office@washingtonautismadvocacy.org

Three Minute Survey

Our Lunch & Learns are designed to provide information, services and support to our community around autism and other developmental disabilities.

Please take 3 minutes and fill out this **brief survey** to help us improve our future presentations. Thank you for your feedback!

Join Us!

Make an Investment

Share the Story

Advocate for Change

www.WashingtonAutismAlliance.org