

# Alcohol and ASD

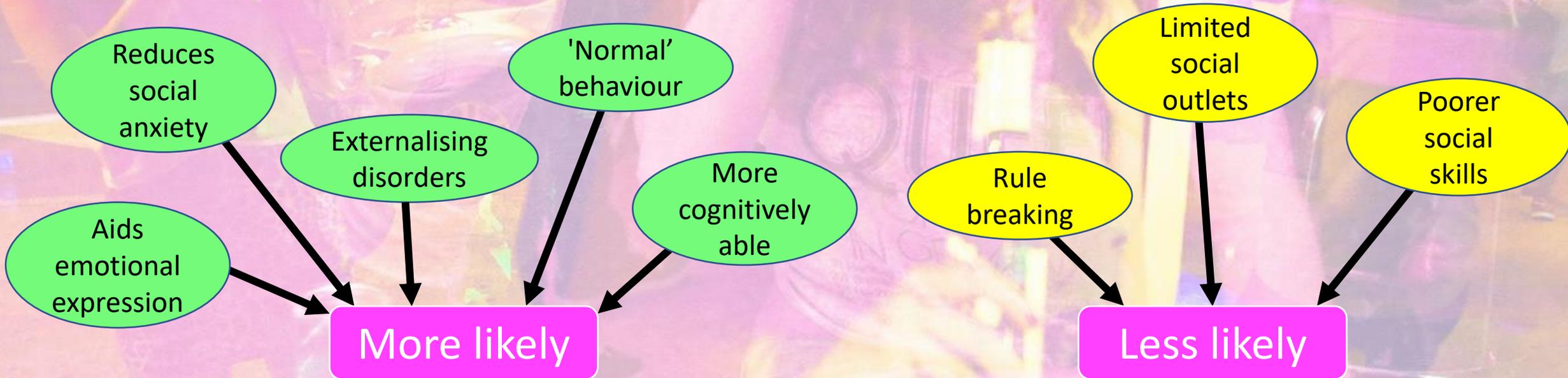
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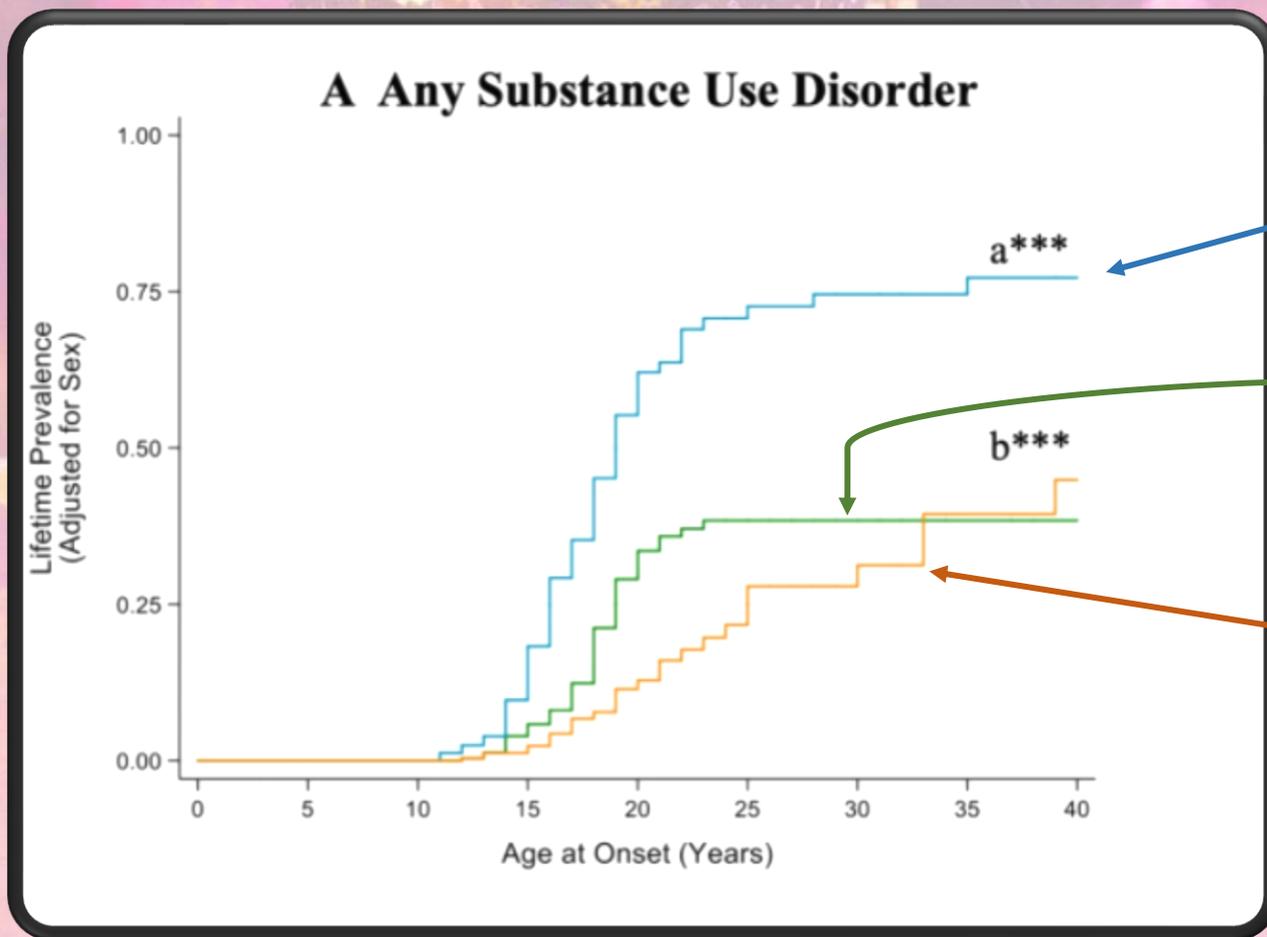
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# What is the association?

- Some studies suggest less likely to use substances; some suggest more likely



# Externalising Disorders (ADHD)



ASD & ADHD

Controls

ASD alone

(Yule et al (2021))

# And if you treat the comorbidity?

- Retrospective population study (health insurance database)
- 6599 patients with ASD
- Mean age 11.9 years; average follow up 8 years
- Higher risk of comorbid substance use disorder than general population
- Those receiving psychotropic medication had lower risk than those not

# How to manage alcohol problems in people with autism

- Advice on general approach
- All practitioners need an awareness of ASD and implications for own practice
- Is our service able to adapt to the needs of autistic service users?
- Is our own practice able to adapt to the needs of autistic service users?
- Advice from Ambassadors for Autism, Bath University.

# Top Ten Tips for Therapists

**Understand autism:**

Understand the psychological mechanisms that characterise autism, including potential strengths, and the impact of highly co-morbid conditions such as anxiety.

**Get prepared:**

Provide a photo of the therapist and/or the therapy room before the session. This includes consideration of how the client will get to the session (e.g. transport). The first meeting should be in a familiar place for the autistic person. Consider sensory issues before, during and after the session. Check with the autistic person before any session starts – ask ‘what do you need?’

**Maximise structure and consistency:**

Have a regular slot, with the same person. This needs to be adaptable to the individual. 9am starts may be difficult for an autistic person with disrupted sleep. Can the support be accessed online?

**Retain flexibility:**

Sessions may need to be longer, if clients need to be supported in self-regulation before therapy can begin. Clients may be more likely to miss sessions, and any sanctions (getting stuck off) would need to be adapted. Usual assessments of ‘motivation to change’ (for example) may not be appropriate.

**Use plain language avoiding non-literal language (such as ‘pull your socks up’):**

Avoid metaphors, jargon, acronyms. Remember: Keep It Simple & Straightforward.

**Be explicit:**

Always explicitly explain WHY something is happening. Always have clear aims, with reminders throughout and afterwards as to what the aims were. Allow time for processing information (verbal or written).

**Discuss individual hobbies and interests as part of therapy:**

This can be useful for identifying motivations and developing resilience. Always be clear why this is being done (to get to know you, to calm down, etc.).

**Provide written and visual information during the session:**

Using ‘easy read’ and ensuring this is not overwhelming. Digital supports can be invaluable.

**Educate about emotions:**

Emotions need to be discussed in terms of lived experience, not simply labels. ‘Meltdowns’ can be misinterpreted as aggressive leading to ‘red flags’ but this may be a misattribution of the underlying emotion. Be aware clients may well have experience trauma in the past.

**Involve a family member or partner or advocate in sessions:**

If this is agreed with the autistic person, the decision should be regularly revisited. With consent, separate sessions for family/ partner/ advocate may be appropriate. The autistic person should remain in control.



GIG  
CYMRU  
NHS  
WALES

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

Bath University; Ambassadors for Autism Info: [www.tinyurl.com/AforAInfo](http://www.tinyurl.com/AforAInfo)



# Get prepared:

- Provide a photo of the therapist and/or the therapy room before the session.
- Make sure that travel arrangements are clear
- The first meeting should be in a familiar place
- Consider sensory issues before, during and after the session.
- Check with the autistic person before any session starts – ask ‘what do you need?’
- (If they have a support worker, chat to them about requirements)



# Maximise structure and consistency:

- Have a regular slot with the same person
- Time needs to be adaptable to the patient (9am starts may disrupt sleep)
- Better face-to-face or online?



# Be flexible

- Sessions may need to be longer (self-regulation may be needed at the start)
- More likely to miss sessions – can't have rigid DNA rules
- Standard signs of 'motivation to change' may not be applicable



# Be clear:

- Have clear aims with regular reminders
- Always explicitly explain why something is happening
- Allow time for processing and provide information in relevant media
- Avoid metaphors, jargon and acronyms
- Emotions to be talked about in terms of lived experience and



# RCPsych Cross Faculty Group

- Chaired by Autism Champion
- EBE representation
- Is it the role of all psychiatrists to be able to diagnose ASD?
- Practical approach bearing in mind the numbers presenting for assessment – but might remove funding badged to ‘specialist’ provision
- What about ADHD? Should we be talking about neurodiversity instead?

**Diolch yn fawr!**

