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Psychiatric intervention 101

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In the last issue of *Sur le Spectre*, we brought you an article explaining the psychiatrist's role in diagnostic assessments. We will now share a few thoughts with you on the psychiatrist's role in autism intervention.

To this day, no medical treatment exists for autism. However, more than half of autistic adolescents have an intervention plan involving some kind of psychotropic medication (psychostimulants and antipsychotics being the most common). What role do psychiatrists therefore play in intervention?

Autistic people do not necessarily require psychiatric treatment. However, as is the case in the general population, they may face mental health issues and it is important that they receive appropriate care. It is within this framework that basic mental health care is provided by professional teams in CLSCs and hospitals. Autistic people can then benefit from general psychiatric assessments, with some teams specialising in this type of intervention.

Autistic people will therefore consult, or be brought in by their families, when they experience difficult situations that could possibly be attributed to psychiatric conditions. In these cases, it is important to accurately analyse the situation, in order to select the appropriate intervention. Every symptom must be well understood, as it could be an amplified autistic trait rather than manifestations of an additional diagnosis.

What we refer to as "aggravating" symptoms is a concept often used in practice, but that does not actually correspond to psychiatric language. Rather, the concept acknowledges autistic symptoms which become very intense and prevent adequate daily functioning. Psychiatric conditions, on the other hand, are different entities and are defined relative to typical development, which is more difficult to identify in autistic people. For example, under the umbrella of repetitive behaviours, it can be difficult to distinguish autistic stereotypies from obsessive-compulsive rituals and tics. And yet therapeutic options, notably in terms of medication, will be different in both of these cases, demonstrating the importance of careful evaluation.

As another example, it is sometimes the case that restlessness will be identified as an additional diagnosis of hyperactivity, but this can also be a type of self-stimulatory behaviour seen in autistic people who lack structure in their activities. The first case will respond to medication, but the second will be better dealt with by planning structured activities and presenting them with visual aids. The same can be said of an apparent lack of concentration, which can prove to be an attention deficit, but could also turn out to be a lack of understanding of what is communicated verbally. The solutions to this symptom would once again not be the same.

Another symptom that people often consult a psychiatrist for is anxiety. Let us not forget that, at its core, this is a normal and common emotion in the general population when faced with unexpected or novel situations. In autism, it is therefore also normal to a large extent, especially given that events are more frequently understood as unforeseen or new. Consequently, solutions are often not based on medication (though it is frequently requested) but rather on a more adaptive communicative system.

It is also important to differentiate anxiety from difficulty coping with frustration. When evaluating the function of aggressive behaviour, we must consider the possibility that this is a means of communication, which, though inadequate, does not always carry aggressive intent. Supportive measures for communication can be very helpful in these cases.

Furthermore, in those situations where psychiatric conditions are truly found in addition to autism, it is necessary to provide appropriate treatment according to usual standards, whilst adapting follow-up to the person's mode of communication and interests.

Pharmacological intervention must be situated within this larger context. Again, there is no medication for autism, but medication can be used to target associated symptoms. Proper explanation of what effects can be expected, and on which symptoms, is therefore needed.

In sum, it is common for psychiatrists to be consulted in the hope that a medication will solve a certain problem, only to find that this is not an option the psychiatrist recommends. On the other hand, the psychiatrist may suggest a medication which is then declined. Indeed, though there is still much to learn, another barrier to reasonable pharmacotherapy is *pharmacomagic*, which is a pattern of widely held beliefs which bias decision making when considering medication. Some of these beliefs will oppose any prescription of medication, whilst others may contribute to overmedication.

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	Pharmacomagic…	… and some critical thoughts
"Anti-pill" beliefs	"I am against medication"	Medicating a child is a serious decision. An informed decision can be made by discussing advantages, disadvantages and areas of uncertainty.
	"I would prefer to try something natural instead"	The "natural" label does not guarantee the efficacy or safety of a product.
	"Things are better, let's stop the medication"	In certain cases, medication is required to maintain an improvement, and in other cases it is recommended to stop (but this must be discussed because weaning can require added precautions)
"Pro-pill" beliefs	"Things aren't going well, we have to add medications or increase dosage"	In many cases, other interventions should be considered first. Medications do not exist for every situation. Furthermore, successful interventions often involve decreasing or ceasing a medication. Lastly, certain symptoms (e.g. aggression, anxiety, restlessness) can be side-effects of medications.
	"Everything is going well, there's no need to change anything »	The effects of certain medications will wear off with time, and the risk of side effects may increase. Certain symptoms may also decrease with time and interventions. Therefore, even if a medication has proved useful, it is necessary to regularly reconsider maintaining or ceasing it.
	"In order to change medications, we need to hospitalise »	Most changes in medications can be done safely as long as they are done progressively, but hospitalization is to be considered on a case-by-case basis.