



ELSEVIER

Contents lists available at ScienceDirect

## Research in Autism Spectrum Disorders

Journal homepage: <http://ees.elsevier.com/RASD/default.asp>



# The Psychopathology in Autism Checklist (PAC): A pilot study

Sissel Berge Helverschou <sup>a,\*</sup>, Trine Lise Bakken <sup>b</sup>, Harald Martinsen <sup>c</sup>

<sup>a</sup> The National Autism Unit, Rikshospitalet University Hospital, Sognsveien 70, 0855 Oslo, Norway

<sup>b</sup> Ullevål University Hospital, Oslo, Norway

<sup>c</sup> University of Oslo, Norway

### ARTICLE INFO

#### Article history:

Received 18 April 2008

Accepted 13 May 2008

#### Keywords:

Assessment

Autism

Co-morbidity

Intellectual disability

Psychopathology

### ABSTRACT

Adults with autism and intellectual disability (ID) are assumed to have high vulnerability for developing psychiatric disorders, but instruments or criteria for identifying those who may be in need of psychiatric services have been lacking. This study presents a new carer-completed screening checklist designed for this purpose.

Differentiation between symptoms related to autism and to psychiatric disorders is indicated in order to identify psychiatric disorders in persons with autism. The Psychopathology in Autism Checklist (PAC) contains 30 items representing symptoms previously evaluated as specific to one of four major psychiatric disorders (psychosis, depression, anxiety and OCD) and not related to autism. Twelve items evaluated as indicators of general adjustment problems are also included. All 42 items are based on ICD-10 and DSM-IV criteria.

The PAC was piloted on a sample of 35 adults with autism and ID. The score of participants previously identified with co-occurring psychiatric disorders (i.e. psychosis, depression, anxiety disorder, or OCD) were compared with the score of participants without psychiatric disorders.

The results indicate acceptable psychometric properties, and that the PAC discriminates between adults with autism and ID with and without psychiatric disorders, and partially between individuals diagnosed with different psychiatric disorders.

© 2008 Elsevier Ltd. All rights reserved.

\* Corresponding author. Tel.: +47 22 85 88 63/47 92 82 79 49; fax: +47 22 85 88 59.

E-mail address: [s.b.helverschou@rikshospitalet.no](mailto:s.b.helverschou@rikshospitalet.no) (S.B. Helverschou).

## 1. Introduction

Adults with autism and intellectual disability (ID) are assumed to have higher vulnerability for developing psychiatric disorders than the general population (Clarke, Baxter, Perry, & Prasher, 1999; Ghaziuddin, 2005; Lainhart, 1999). The process of diagnosing mental health disorders in this population is, however, complex and challenging, and related to at least four fundamental problems: (1) the overlap of symptoms between autism and psychiatric disorders (Clarke et al., 1999; Clarke, Littlejohns, Corbett, & Joseph, 1989; Ghaziuddin, Alessi, & Greden, 1995; Ghaziuddin, Tsai, & Ghaziuddin, 1992; Kobayashi & Murata, 1998; Lainhart, 1999; Long, Wood, & Holmes, 2000; McDougle, Kresch, & Posey, 2000; Reaven & Hepburn, 2003; Volkmar & Cohen, 1991; Wing, 1996); (2) idiosyncratic or atypical psychiatric symptoms (Lainhart, 1999; Myers & Winters, 2002; Stavrakiki, 1999; Tantam, 2000); (3) reduced capacity for introspection and problems communicating their personal state (Ghaziuddin, 2005; Howlin, 1997; Lainhart, 1999); and (4) the lack of standardized instruments or criteria for diagnosing psychiatric disorders in this group (Ghaziuddin, 2000; Howlin, Goode, Hutton, & Rutter, 2004; Lainhart, 1999; Matson & Nebel-Schwalm, 2007; Tsai, 1996).

The present study represents a new approach and an attempt toward solving these fundamental and practical problems related to the identification of individuals with psychiatric disorders in this population. The possibility of differentiating between symptoms related to autism and to four major psychiatric disorders has previously been demonstrated (Helverschou, Bakken, & Martinsen, 2008). The Psychopathology in Autism Checklist (PAC) is based on these results, and contains indicators of psychiatric disorders that do not overlap with the core characteristics of autism. In the present study the assessment of typical individuals with autism, ID and different psychiatric disorders is addressed.

The overlap of symptoms between autism and psychiatric disorders is considerable (Clarke et al., 1989, 1999; Ghaziuddin et al., 1995, 1992; Kobayashi & Murata, 1998; Lainhart, 1999; Long et al., 2000; McDougle et al., 2000; Reaven & Hepburn, 2003; Volkmar & Cohen, 1991; Wing, 1996). Similar behaviors may be indicators of both autism and a psychiatric disorder. For example, the ritualistic and repetitive behaviors that are defined as core characteristics of autism may also be expressions of obsession (Ghaziuddin, 2005; Scahill et al., 2006), and lack of social interaction may be interpreted both as a feature of autism and as a symptom of schizophrenia (Konstantareas & Hewitt, 2001).

The confounding of symptoms of autism and psychiatric disorders is further illustrated by the extensive variation in reported prevalence rates of psychiatric disorders in individuals with autism (Lainhart, 1999). Howlin (2000) reported, for example, a variation between 9 and 89%. The variety in prevalence rates may be related to the characteristics of the clinical populations studied and the disorders targeted by the studies. However, the different assessment methods and diagnostic criteria that were employed in the studies seem to be essential to the wide variation in reported prevalence rates (Bradley, Summers, Hayley, & Bryson, 2004; Howlin, 2000; Lainhart, 1999). Several researchers have therefore addressed the need for standardized instruments or criteria for diagnosing psychiatric disorders in individuals with autism (Ghaziuddin, 2000; Howlin et al., 2004; Lainhart, 1999; Matson & Nebel-Schwalm, 2007; Tsai, 1996).

Idiosyncratic and atypical psychiatric symptoms have frequently been reported in case studies of individuals with autism (Lainhart, 1999; Myers & Winters, 2002; Stavrakiki, 1999; Tantam, 2000). Challenging behavior like self injury and aggressive behavior have been reported as signs of depression (Myers & Winters, 2002). Likewise, more intense ruminations and an increase in typical autism symptoms like repetitive and ritualistic behavior have been described when individuals with autism develop psychiatric disorders (Tantam, 2000; Wing, 1996).

Psychiatric diagnoses are usually and mainly based on an interview with the person or self-rating checklists. Individuals with autism and ID have reduced capacity for introspection and problems communicating their personal state, which further complicate the diagnostic process and indicate the use of other sources, i.e. informants or observation. In published case stories the diagnostics has been based on identifying qualitative changes in long-standing symptomatology in the individual's premorbid features of autism, conventional diagnostic criteria related to specific disorders, and the interpretation of idiosyncratic or atypical symptoms (e.g. Ghaziuddin, 2005; Lainhart, 1999). There seems to be a general agreement that an accurate diagnostic assessment depends on distinguishing

Download English Version:

<https://daneshyari.com/en/article/370543>

Download Persian Version:

<https://daneshyari.com/article/370543>

[Daneshyari.com](https://daneshyari.com)