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Autism at-a-Glance
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(CSESA)



Depression in Adolescents with ASD

Autism at-a-Glance is a series of practitioner and family-friendly documents created by the Center on Secondary Education for Students with ASD (CSESA) designed for high school staff members supporting students on the autism spectrum, as well as family members of adolescents with ASD. The purpose of the *Autism at-a-Glance* series is to provide a current summary of topics relevant to high school students with ASD as well as practical tips and resources for school and community personnel and family members.

This *Autism at-a-Glance* was designed to support high school staff and family members in understanding and recognizing symptoms of depression, and how those symptoms may present in adolescents on the autism spectrum.

Depression is more common among teens with ASD than teens without ASD. Rates of major depressive disorder have been reported as high as 37% in adolescents with ASD compared to about 5% of adolescents in the general population. Studies that measured parent reports of depressed mood have revealed a rate as high as around 50%. There is also emerging research that has shown an increased risk for suicidal thoughts and tendencies among teens with ASD. This means that parents and school staff need to be on the lookout for the signs of depression.

Recognizing Depression

Recognizing depression in individuals with ASD can be challenging as some of the characteristics of ASD can resemble some of the signs of depression. For example, some individuals with ASD may not interact much with peers or identify many friends, which may also be signs of depression in adolescents. Another challenge is that some of the characteristics of ASD may actually mask signs of depression. Some teens with ASD may not show much emotion, so depression may not be as observable as a look of sadness on the teen's face. Additionally, the communication difficulties of individuals with ASD may impact one's ability to recognize depression in this population. Even students with ASD who communicate in full sentences may have difficulty communicating their feelings.

It is important for teachers to get to know their students with ASD well, and share their observations of any behavior changes with parents, as well as with other team members who are working with that student. Parents should periodically contact their teen's teachers to check in regarding any observed changes in behavior. See the list on the following pages for some of the signs of depression that have been observed in teens with ASD.

Signs of Depression in Teens with ASD



Emotions and Mood

- Increased moodiness which may include increased: anger, irritability, sadness, tearfulness
In the past two weeks Terri has been crying for her mom and dad to come pick her up from school every day after lunch.
- Feelings of worthlessness or fixation on mistakes
Alex is noticing that he is different from his peers and this awareness is causing great concern. He often makes comments that he is “not normal” and “will never be normal.”
- Need for excessive reassurance
Joel is increasingly fearful of black holes and requires frequent reassurance that he will not disappear.
- Loss of interest or pleasure in previously favorite activities
Rolando always enjoyed swimming at the YMCA but recently is resisting the pool and does not even want to put his swimsuit on.

Behaviors and Skills

- Aggression
Caleb is not typically aggressive but in the past month has hit his younger sister several times and pushed his mom when he became frustrated.
- Indecisiveness
The choices in the cafeteria suddenly seem overwhelming for Taneisha and she has been getting “stuck” in line.
- Noticeable decrease in self-care
Adam has started to move very slowly during his morning routine and is often leaving for school without brushing his teeth, washing his face, or combing his hair.
- Regression of previously learned skill
Charity, who usually navigates to the cafeteria and back without assistance, lately is found wandering the halls telling everyone she is lost.
- Changes in autistic symptoms which may include increased stereotypic behavior or decreased interest in restricted interests
Kevin used to flap his hands and rock on the floor when he was young. Since he started high school, he is rocking again every day after school.
- Thoughts or expressions of suicide or self-destructive behavior
During poetry week Jaylen turns in a poem about loneliness and suicide.



Health and Wellness

- **Hyperactivity**
Abe usually enjoys reviewing meteorology reports in detail each evening. Lately, however, he has not been able to settle and concentrate in the evenings and has given up this favorite activity all together.
- **Agitation or restlessness (e.g., handwringing, pacing, inability to sit still)**
Hai has been nervous during class periods, and has been tapping her feet continually and getting up to walk around during class time.
- **Fatigue or loss of energy**
Xavier keeps falling asleep in class, even when the class is watching You Tube videos about space, his favorite topic in science.
- **Sleeping too much or too little**
Eli, who is usually the first one up in the morning, is having great difficulty getting out of bed in the morning.
- **Changes in appetite leading to weight loss or gain**
Jackson has stopped eating some of his favorite foods and is coming home with the food in his lunchbox half eaten.
- **Complaints of unexplained body aches and head aches, increased visits to the school nurse**
Sophie has asked more than once this week to go to the school nurse saying that her arm hurts but the nurse keeps sending her back saying there is nothing wrong with her.

Suggestions for School Staff and Parents

- 1 Check in with the teen with ASD.** Although some individuals with ASD may struggle to communicate emotions and feelings, it is important to check in with teens and see how they are feeling. You can incorporate some type of visual representation of emotions like an emotion meter or a 5-point scale for a regular check-in.
- 2 Look for changes in behavior.** Since individuals with ASD often have characteristics that can mimic or mask depression, it is important to look for changes in behavior. For parents, it might mean paying attention to eating and sleep habits, and looking for changes in mood and behavior around the home and community. For teachers, it might be looking for changes in mood or behaviors during class, or paying particular attention during other times such as transitions, lunch, or clubs.
- 3 Communicate regularly with team members.** Given that behaviors changes may be subtle or may manifest differently across environments, it is important that families and school staff are staying in touch with each other. Parents and school staff should be in regular communication about any changes in behavior in home, school, and community environments.
- 4 Seek out professional help.** If you are concerned about possible depression in a teen with ASD, talk to a professional. Parents can talk to a health care professional (who should be knowledgeable of ASD), and then determine if a referral to a mental health professional is needed. For school staff, schools or school districts typically have counselors and psychologists who are trained in recognizing depression, and may be able to support the student.

If you will be meeting with a health professional, make a list of:

- Any major stresses or recent life changes
- Anything different observed lately, even if it does not seem related to depression
- Information from discussions with other people in the teen's life such as school personnel
- All medications, vitamins, herbal remedies, and supplements the teen is taking
- Any additional questions



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Treatments for Depression

There are a range of treatments that include psychotherapy, medications, and even exercise. Treatments/interventions for depression should be comprehensive and implemented under the guidance of a qualified professional (e.g. psychiatrist, psychologist, mental health practitioner).

See the resources listed below for more information on treatments.

Suicide

If staff or parents think the teen is in immediate danger of self-harm or attempting suicide, they should call 911 or the local emergency number immediately. Or, if parents think they can do it safely, they can drive their teen to the nearest hospital emergency department. They have trained crisis management staff prepared to help in this situation.

Resources

Autism Speaks (www.autismspeaks.org)

<http://www.autismspeaks.org/what-autism/treatment/treatment-associated-psychiatric-conditions>

<http://www.autismspeaks.org/blog/2013/05/13/whats-connection-between-autism-and-depression>

<http://www.autismspeaks.org/blog/2013/05/13/8-critical-measures-counter-suicide>

American Psychological Association

<https://apa.org/topics/depress/index.aspx>

American Academy of Child and Adolescent Psychiatry

http://www.aacap.org/aacap/Families_and_Youth/Facts_for_Families/Facts_for_Families_Pages/The_Depressed_Child_04.aspx

National Institute of Mental Health

<http://www.nimh.nih.gov/health/topics/depression/index.shtml>