

What Isn't Autism: How to Identify and Help Children with ASD and Co-Occurring Mental Health Issues at Home and School

Seminar Handout

Introduction

This monograph provides background and references for George Lynn's presentation to educators and parents in Minnesota on November 2, 2012. This workshop describes mental health issues in children, adolescents, and young adults with Autistic Spectrum Disorders (ASD) and provides information for the management of these issues which include video game addiction, high anxiety, Obsessive Compulsive Personality Disorder, phobias, Bipolar Disorder, and psychotic illness.

Video Game Addiction

Many young adults, especially males diagnosed with Asperger's syndrome and Autistic Disorder show a pattern of addictive use to video game play. The social isolation and loneliness as well as lack of opportunity to demonstrate personal accomplishment are contributors to this pattern of dependence. Screen media present highly arousing, abnormal sensory input to the brain's activating system. Downstream effects of arousal include:

- Increased vigilance and irritability, motor behavior problems, a decreased attention span, and sleep problems
- One study showed that those who play video games for more than 20 hours a week have an increase in brain metabolism patterns similar to that seen in drug addicts
- Overall, initial exposure to media with violent content increases short-term aggression, especially in younger children and boys, and increases the likelihood of later antisocial behavior
- The risk of receiving an attention-deficit/hyperactivity disorder diagnosis at age 7 increased with every hour of television watched at 1 and 3 years

It is not surprising that this addictive pattern is present in our society given the prevalence and availability of screen media and the transformation of our culture from that of one based on physical interaction between people to that of one based on remote contact through cell phones and computers. One executive at the Microsoft Corporation noted to the author that games Microsoft releases are deliberately designed to cause the brain to "overclock" mental processing from a normal 100 words a minute (thought rate) to over 300 words a minute. What this executive did not take into account was that pushing the human nervous system this way creates a state of chronic stress that can, in the long term, actually damage the brain.

Criteria for addiction

It is important that addictive patterns be carefully assessed given that discontinuance of excessive screen use is typically met with a great deal of resistance by those so addicted.

Practice and research has established 10 criteria that taken in total suggest the presence of an addiction to screen use:

1. Dependency on content specific functions (e.g., MMORPG, video games, auctions, shopping, texting, pornography)
2. General use without clear objectives (e.g., surfing the net, chatting, emailing, texting)
3. Riskier inappropriate use (e.g., harassment, sexual exploitation, fraud, online infidelity, harassment of others, cyber bullying)
4. Salience of use (the child is preoccupied with screen use over all other activity)
5. Loss of control (attempts to reduce technology use have failed)
6. Excessive use (loss of sleep, depressed and anxious after media use)
7. Neglecting chores, work, and homework
8. Anticipation (i preoccupied, talks only of his game, etc.)
9. Neglecting social life (the preponderance of new "friends" are online)
10. Continued use despite adverse consequences (experiences difficulties in primary relationships, school performance and academic pursuits, employment, financial matters, and/or living situations)

How to help the ASD child prevail over his screen addiction

1. Know how screen addiction manifests itself. Computer game addicts are as effective at hiding their addiction as are those addicted to alcohol and other drugs. They typically will not talk about videogame play to those they suspect might identify an addictive state. There is some evidence that children addicted to video games also have a vulnerability to addiction to pornography. A telltale sign is late night use of the computer, sleep deprivation, and attempts to hide content on the computer. Given the fact that many children, teens, and young adults on the ASD spectrum may be difficult to deal with at any time, it is understandable that caregivers prefer not to press too hard on what they are doing at night, even though there is evidence that they are getting far too little sleep and not doing their homework.
2. Know that addicts are shame bound and will lie, deceive, and threaten to protect their access to screen time. As noted above, people with addictions will often develop excellent skills at manipulating the perceptions of others. Not only is the addict afraid of having the addictive practice terminated but he is also ashamed of himself for personal involvement. One bright 16-year-old client told me that he was disgusted with himself because he had spent six hours interacting with six other kids, none of

whom he knew in person, and all of whom lived in different parts of the world. They were simply involved in perfecting their skills with each other at the World of Warcraft game. This particular client had been referred to me because he had a puzzling antagonism to most of his teachers at school. As I explored his bitterness toward his teachers it became evident to both of us that this was a projection of his contempt for himself for his involvement in the addictive practice.

Shame is a powerful motivator and people will re-involve themselves in a "shameful" practice to get some relief from the original pain they experience. If the use of pornography is part of this picture, the addiction assumes a new depth and darkness because now the young adult's orientation to the opposite sex is confused just at the time when clarity, honesty, and safe experimentation expresses normal development.

3. Use a 3:1 "green" (outdoor activity) to "screen" hourly ratio. A good rule of thumb for limiting video play and TV use is to require the youth to spend at least three hours outside, interacting with real people, be it in play, athletics, social activities, or volunteer work for every one hour of screen time. It may be difficult to enforce this standard with ASD children and young adults in mid and late adolescence, given the stress they experience from attempted and failed social interaction. Because of this experience, they may reflexively withdraw to their own rooms at home and simply not want to go out. One thing is clear: addictions are terminated by denying the addictive practice long enough for the brain and nervous system to re-acclimate itself to a state of normalcy. Thus both creativity and draconian measures may be required of caregivers to compel the addict to deny his addiction long enough for it to abate in his nervous system.
4. If need be, caregivers are well advised to install mechanical devices that automatically terminate use of the computer at an established time. Once again, caregivers should expect displays of hostility and threatening behavior but they should not back down in its face and should remind the addict that all benefits he receives as a member of the "home community" may be terminated for noncompliance.
5. Consider residential treatment options. If a child's screen addiction becomes unmanageable, parents may want to consider residential treatment. Research indicates that participation in residential programs, such as the reStart Program in Redmond, Washington at (<http://www.netaddictionrecovery.com/>), may result in participants' ability to discontinue excessive visual media use. Programs such as reStart will typically impose an abstinence standard on any media use, including cell phones, TV, as well as video games. Participation in a residential treatment center program may be especially useful to ASD youth because it also affords them access to a ready-made social community. And because so many ASD children are media addicts, there is opportunity for them to share aspects of their lives as neurologically different people. It's good to know you're not alone.