

Case Study: The Connection with Asperger's Syndrome-Genetic Loading, Eating Disorders and Sensory Integration Disorders with Implications for Therapy

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Abstract

Background: A potential link between anorexia nervosa, autistic spectrum disorder and obsessive compulsive disorder has been suggested in studies (Treasure et al., 2007). **Purpose:** This client presented with significant sensory integration issues and difficulties with affect regulation that complicated her treatment. She also had a family history of autistic spectrum disorder. The purpose of using a case presentation format is to share therapeutic techniques specific to this situation and encourage discussion in this area. **Method:** We explored through a case example clinical adaptation of treatment methods to address features of sensory integration disorder, obsessive thinking patterns, poor self-efficacy and difficulties with self-regulation. The client was able to express consistent affect regulation at the time of discharge from treatment. **Conclusion:** Further study in this area is necessary to develop effective treatment strategies which accommodate for genetic loading.

Introduction

A potential link between anorexia nervosa, autistic spectrum disorder and obsessive compulsive disorder has been suggested (Treasure et al., 2007).

Individuals with these disorders have been found to pay attention to minute details and struggle to process information globally (Gillberg et al., 2006).



Standard evidence-based treatments may need to be adapted for these individuals to include strategies to increase flexibility in their thinking style while managing any physical consequences of their behaviours.

Further study in this area is necessary to develop treatment strategies that access an individual's strength and accommodate genetic loading. The following example illustrates how this may be done clinically.

Case Study

Patricia was assessed and diagnosed with EDNOS: Binge/Purge Subtype, Dysthymia with superimposed Major Depressive Disorder, and some OCD traits.

SENSORY ISSUES

She had strong sensory needs exemplified in needing strong oral sensory feedback.

As a pre-schooler, she would eat various insects and enjoyed the feel of caterpillars in her mouth. When she started school she developed a long history of food denial, refusing to take food to school to eat in front of other children.

To date, she continues to enjoy strong flavored foods, such as pickles, and wears multiple layers of clothing. She can not tolerate certain sounds nor anything touching her feet. Eventually she recognized that she needed high intensity feedback as stimulation to lift her depression.

We introduced the linkages with family members who had Asperger's Syndrome or Tourette's Syndrome. To maximize her functioning, we introduced the concept to Patricia and her family that their task was to *match her thinking style and brain functioning*.

Connections between Patricia's expression of pathos through disordered eating as well as influences of culture, media and diet industry were established.

In the second session parents and Patricia reported that they noted positive symptoms for Sensory Integration Disorder and Asperger's Syndrome helping them to understand her better. The eating disorder was labeled as circular to the Sensory Issues.

CIRCADIAN CYCLES

Patricia had great difficulty falling asleep, often bingeing/purging and prone to having sexual encounters at night. Circadian cycles were explored, with Patricia noting that she is most productive in her homework at night. This was reframed in a positive light. Her school work schedule was changed so that she could work online at night and attend classes later in the day. Prior to this she was skipping school or sleeping in class. Patricia began experimenting with melatonin to help her sleep.

SENSORY INCREASE

The need for *high intensity feedback* was linked with her cutting and sexual behaviours. We regularly reframed sensory issues in a healthy manner, and put in place more appropriate sensory feedback, so that sensory issues were placed into functional behaviour.

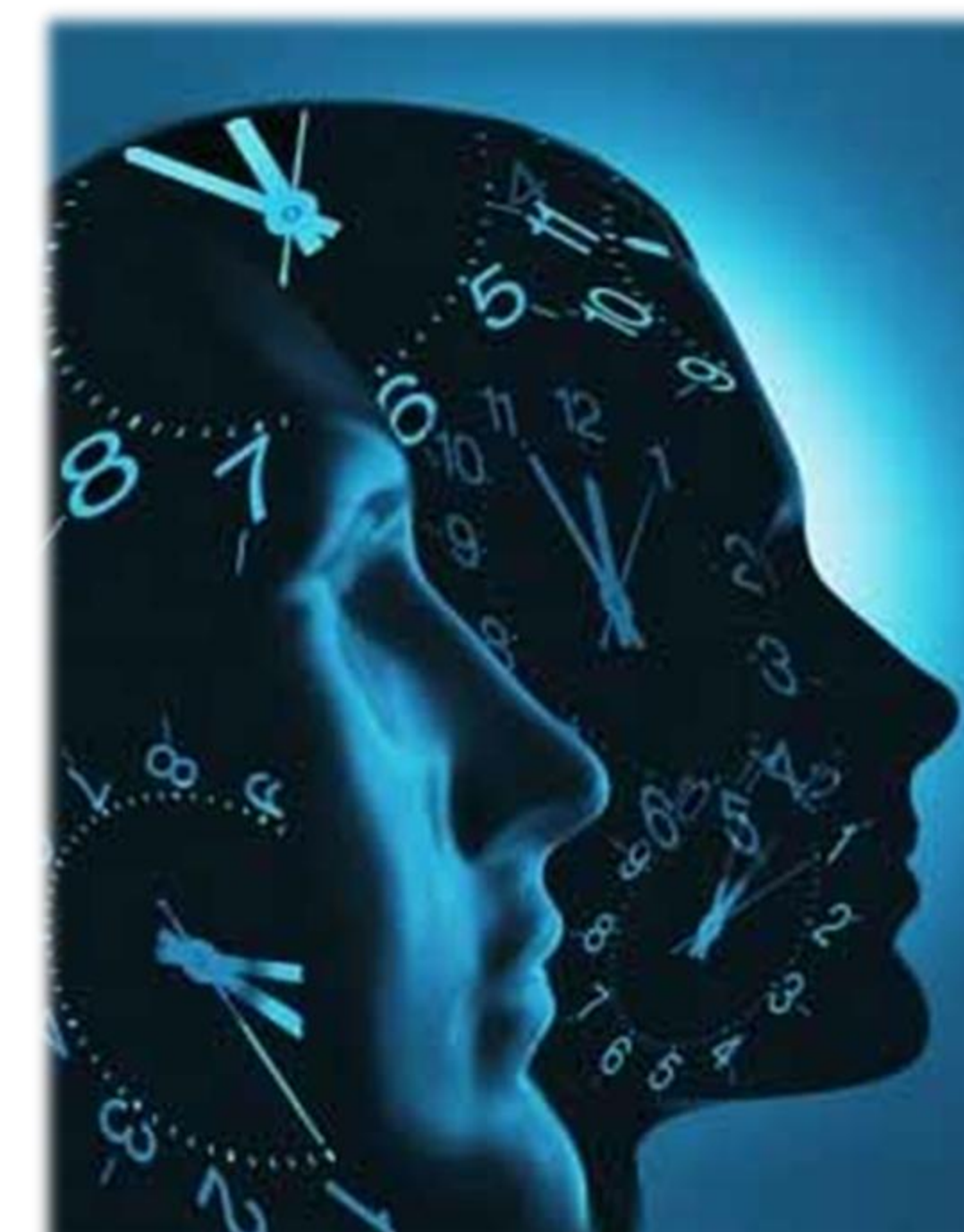
The responsibility was placed on Patricia to begin examining herself in the context of her *circadian cycles and her sensory needs*. She explored other ways of feeding this system in a more positive manner.

THEORY OF MIND (TOM)

Patricia had *no theory of mind* to appreciate how she looked to her parents, family, and friends. Patricia spoke with emotionally flat tone. She had difficulty verbalizing feeling states or showing empathy. Her parents performed the 'exercise of love' to demonstrate emotive functioning. They explored future possibilities for their daughter and suggested change in behaviours. Exploring their anger, fear, and sense of vulnerability were part of Patricia's emotive training. Her pattern of maintaining *negative intimacy* was included in the discussion.

AUTONOMY AND PERFORMANCE

With time Patricia began to accommodate and assimilate the family's values. Initial difficulties reflected an inability to conceive the Gestalt of her family's values and culture as a whole. She took rather distorted positions, concerning herself and others. The differential of adolescence was also noted. She was continually challenged on the choices that she was making.



SKILL BASED REINFORCEMENT

Patricia's parents were encouraged to stay connected with their daughter and punctuate moments and behaviours that were healthy. Support for the parents was part of the therapeutic process.

O.C.D. AND VISUAL DISTORTION

Patricia regularly obsessed about body weight. We labeled this as visual perceptual distortion, noting that chronic malnutrition and bingeing/purging were hard on the brain. We challenged her to align herself with health, rather than distorted images from her brain and the diet industry.



Conclusion –IMPROVED EMOTIONAL FEEDBACK

Overall, the words used in therapy were designed to continually work on developing affect regulation, theory of mind, and self efficacy.

As sessions focused on motivation for change, she was asked to *rewind the tape* and address issues underlying the thought processes.

Occasionally, she would revert to high intensity inappropriate bingeing and purging. We used these moments to explore what other ways she could have handled the stress; plan for handling future stress and installing positive resources, including positive body sensations.

DISCHARGE AND FOLLOW-UP

When Patricia and her parents reported consistent affect regulation after she experienced a significant problem, this was labeled as the appropriate moment for discharge.

Later, she was able to enter college and hold a 95% average.