

# Autism and happiness

Peter Vermeulen, PhD  
Autisme Centraal

[www.autisme.be](http://www.autisme.be)



[peter\\_autisme](https://twitter.com/peter_autisme)



---

---

---

---

---

---

---

---



## Outcome studies in autism

- Try to assess if and how people with autism succeed in adult life
- For recent review of these studies, see: Magiati, I., Tay, X. W., & Howlin, P. (2014). Cognitive, language, social and behavioural outcomes in adults with autism spectrum disorders: A systematic review of longitudinal follow-up studies in adulthood. *Clinical Psychology Review*.

---

---

---

---

---

---

---

---



## Outcome studies in autism

- Outcomes in adults are highly variable
- Diagnosis is generally stable, although autism symptoms and adaptive skills often improve
- Outcomes in social integration and independence: poor in +50%

---

---

---

---

---

---

---

---

**What are the criteria?**

- Employment, cognitive functioning, living situation etc, → rather objective criteria, reflecting societal norms, But what about personal goals?
- Too much focus on societal norms  
(Henninger, N. A., & Taylor, J. L. (2013). Outcomes in adults with autism spectrum disorders: a historical perspective. *Autism, 17*(1), 103-116).
- Different picture when Quality of Life is used as outcome  
(Billstedt, E., Gillberg, I. C., & Gillberg, C. (2011). Aspects of quality of life in adults diagnosed with autism in childhood A population-based study. *Autism, 15*(1), 7-20.)

---

---

---

---

---

---

---

---

**Subjective Quality of Life in ASD**

Satisfaction about:

- Living arrangements: ASD < contr
- Work / education: ASD < contr
- Physical condition: ASD > contr
- Social relationships: ASD < contr
- Future perspective: ASD < contr

Control group = adults with other child psychiatric disorders, e.g. ADHD

Source: Barneveld, P. S., Swaab, H., Fagel, S., van Engeland, H., & de Sonneville, L. M. (2014). Quality of life: A case-controlled long-term follow-up study, comparing young high-functioning adults with autism spectrum disorders with adults with other psychiatric disorders diagnosed in childhood. *Comprehensive psychiatry, 55*(2), 302-310.

---

---

---

---


---

---

---

---

**Quality of life (Robert Shalock)**



Independence	Social participation	Well-being
Personal development	Interpersonal relationships	Physical
Self-determination	Social inclusion	Material
	Rights	Emotional

---

---

---


---

---

---

---

---

 **Well-being**

- Health, wealth and happiness are interrelated
- Importance of health:
  - Healthy food
  - Sleep
  - Exercise
- Physical activities lower cortisol level and anxiety in people with autism (Hillier e.a., 2010, Hillier e.a., 2011, Carraro & Gobi, 2012)
- Sport as efficient as antidepressants and psychotherapy (Cooney, G.M. et al. (2013) Exercise for depression)

---

---

---


---

---

---

---

---

 **Happiness: life satisfaction**

Life satisfaction: a matter of balance between positive and negative feelings

- Positive = negative: happy
- Positive < negative: little life satisfaction
- Positive << negative: very unhappy
- Positive <<<< negative: mental health problems:
  - Stress
  - Anxiety
  - Depression

---

---

---

---

---

---

---

---

 **Mental health problems in autism**

J Autism Dev Disord (2016) 46:849–864  
DOI 10.1007/s10803-016-0125-0

ORIGINAL PAPER

**Comorbid Psychiatric Disorders in Children with Autism: Interview Development and Rates of Disorders**

Olivanna T. Leyfer · Susan E. Folstein · Susan Rachman · Naomi O. Dink · Elena Dink · Juhel Morgan · Helen Egozi-Huberger · Janet E. Lattinart

**BMC Psychiatry** 

Research article [Open Access](#)

**Psychiatric and psychosocial problems in adults with normal-intelligence autism spectrum disorders**  
Björn Hofvander<sup>1</sup>, Richard Delorme<sup>2,7</sup>, Pauline Chaste<sup>2,7</sup>, Agneta Nyden<sup>3</sup>, Elisabet Wentz<sup>3,4</sup>, Ola Ståhlberg<sup>5</sup>, Evelyn Herbrecht<sup>2,6,7</sup>, Astrid Stopin<sup>2</sup>, Henrik Anckarsäter<sup>1,2,5</sup>, Christopher Gillberg<sup>1</sup>, Maria Råstam<sup>6</sup> and Marion Leboyer<sup>2,6,7,9</sup>

---

---

---

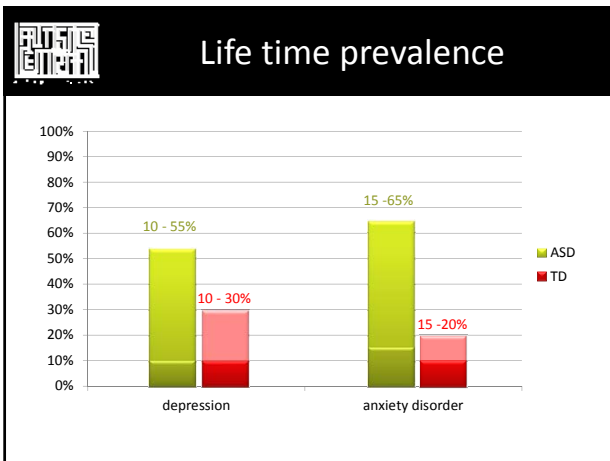
---

---

---

---

---




---

---

---

---

---

---

---

---

---

---

**We focus mainly on negative feelings**

*Anxiety in people diagnosed with autism and intellectual disability: Recognition and phenomenology*  
 David Berger-Hahn<sup>1,2\*</sup>, Heidi Marmorino<sup>3</sup>  
<sup>1</sup>The Autism Center, The University of North Carolina, Chapel Hill, NC, USA; <sup>2</sup>Department of Psychology, The University of North Carolina, Chapel Hill, NC, USA; <sup>3</sup>Department of Psychology, The University of North Carolina, Chapel Hill, NC, USA

**The Development of a Stress Survey Schedule for Persons with Autism and Other Developmental Disabilities**  
 Jane Gordon,<sup>1,2</sup> Amy Diller,<sup>1</sup> Margaret Bauman,<sup>3</sup> Wayne Velicer,<sup>1</sup> Gregory Norman,<sup>2</sup> and Joseph Cantello<sup>1</sup>

The Stress Survey Schedule is an instrument for measuring stress in the lives of persons with autism and other developmental disabilities. Development of the survey and analysis of the underlying measurement structure of the instrument is reported in these studies. Through the use of exploratory and confirmatory analysis procedures, eight dimensions of stress were identified: Anticipation/Concern, Change and Transition, Informational/Research, Personal Events, Safety/Personal Control, Food/Behavior Activity, Social/Environmental Interaction, and Risk and Related Issues. These eight dimensions are highly related to the prediction of stress and have been identified by other stress surveys. The relationships identified from the Stress Survey can be used to plan for strategies to reduce the stress before it occurs or results in maladaptive behavior.

---

---

---

---

---

---

---

---

---

---

- 
- A more positive approach**
- Having positive and negative feelings balanced is not good enough
  - There should be more positive than negative feelings: 2 reasons
    - Increased resilience
    - It triggers better cognitive functioning and upwards spiral toward more well-being

---

---

---

---

---

---

---

---

---

---



**Autisme Centraal**

## Supermarket of treatments

- There's a lot of treatments and methods to increase well-being (psychotherapy, mindfulness, relaxation, medication etc,)
- But these will not have the expected result, if there's no **foundation**
- Foundation = a safe environment
- Safety in autism is the consequence of autism friendliness

---

---

---

---

---

---

---

---

**Autisme Centraal**

## Autism treatment protocol

- Individual adaptations**
  - 3<sup>rd</sup> stage strategy
- Specific treatments**
  - 2<sup>nd</sup> stage strategy
- Adapted learning & living climate**
  - 1<sup>st</sup> stage strategy

• Van Berckelaer-Onnes & van der Gaag (2000) (for children & youth)  
• Vermeulen (2007) (for adults)

---

---

---

---

---

---

---

---


**Autisme Centraal**

## Foundation

**Autism friendly environment**

An environment adapted to the autistic style of information processing

- Clear & understandable
- Predictable
- Meaningful



---

---

---

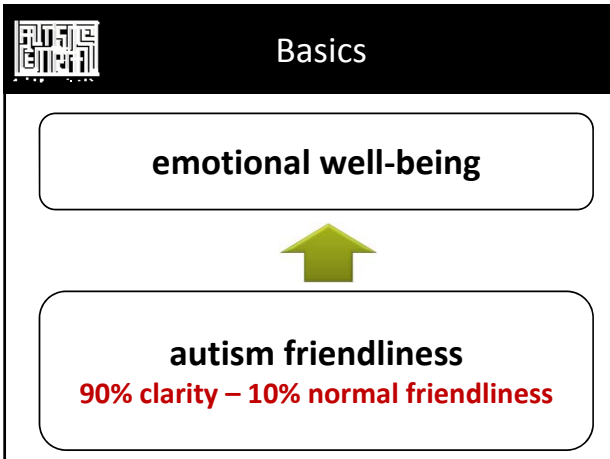
---

---

---

---

---



---

---

---

---

---

---

---

---