



Are sensory issues in autism actually sensory?

The predictive mind, context and sensory issues in autism

DSM-5 criteria for autism spectrum disorders

An individual must meet criteria A, B, C and D:

A. Persistent deficits in social communication and social interaction across contexts, not accounted for by

- Deficits in social-emotional reciprocity; ranging from abnormal social approach and failure of normal back and forth conversation through reduced sharing of interests, emotions, and affect and response to total lack of initiation of social interaction.
- and nonverbal communication, through abnormalities in eye contact and body-language, or deficits in understanding and use of nonverbal communication, to total lack of facial expression or gestures.

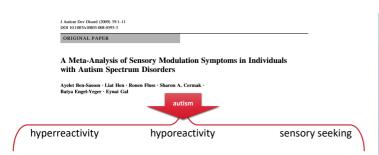
 2. Defirite in developing and gestalering relationships, expression or gestures.
- Deficits in developing and maintaining relationships, appropriate to developmental level (beyond those w caregivers); ranging from difficulties adjusting behavior to suit different social contexts through difficulties sharing imaginative play and in maxing friends to an apparent absence of interest in people

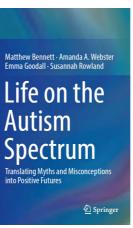
B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following:

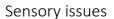
- . Stereotyped or repetitive speech, motor movements, or use of objects; (such as simple motor stereotypies
- Excessive adherence to routines, ritualized patterns of verbal or nonverbal behavior, or excessive resistance to change, (such as motoric rituals, insistence on same route or food, repetitive questioning or extreme distress at small changes).
- Highly restricted, fixated interests that are abnormal in intensity or focus; (such as strong attachment to or
- Hyper-or hypo-reactivity to sensory input or unusual interest in sensory aspects of environment, (such as apparent indifference to pain/heat/cold, adverse response to specific sounds or textures, excessive smelling or touching of bijects fascingtion with lights or spinging only high system.

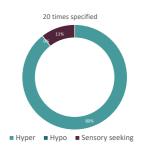
C. Symptoms must be present in early childhood (but may not become fully manifest until social demands exceed

Symptoms together limit and impair everyday functioning









Hyporeactivity probably more autism specific

- Decreased responsivity to pain (Moore, 2014)
- Reduced detection of temperature (Duerden a.o., 2015)
- Reduced odor detection (Dudova a.o., 2011; Muratori a.o., 2017)
- Poorer identification of flavours (Bennetto a.o., 2007)

Important difference!

Hypersensitivity:

- Physiological response
- Sensory threshold

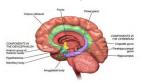
The Sensory System



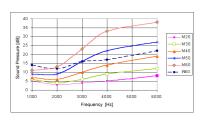
Hyperreactivity:

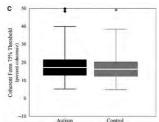
 Psycho-emotional / behavioural response

The Limbic System



No unambiguous, clear indications for difference in sensory thresholds in autism





autism Differentiating between sensory sensitivity and sensory reactivity in relation to restricted interests and repetitive behaviours

https://doi.org/10.1007/s10803-019-03890-9

ORIGINAL PAPER



Stop Making Noise! Auditory Sensitivity in Adults with an Autism Spectrum Disorder Diagnosis: Physiological Habituation and Subjective Detection Thresholds

Marieke W. M. Kuiper^{1,2} · Elisabeth W. M. Verhoeven¹ · Hilde M. Geurts^{1,2}

Abstract

Auditory sensitivities are common among people with autism spectrum disorder diagnoses (ASD). As underlying factors are unknown, we examined whether ASD adults $(N_{ASD} = 33; N_{Speath})$ neveloping = 31; 25-45 years; IQ > 70; (1) habituated slower to auditory stimuli; (2) had lower auditory detection thresholds; and (3) whether these mechanisms related before auditory sensitivities. Two auditory stimuli (tone, siren) were repeated, whilst skin conductance responses were recorded to measure habituation. Detection thresholds were measured by stepwise reductions in tone volume. We found no evidence in favor of our hypotheses, but ASD adults did rate the auditory stimuli as more arousing. Based on explorative analyses, we argue that studying the strength of physiological responses to auditory stimuli is needed to understand auditory sensitivities.

Understanding Sound Sensitivity in Individuals with Autism Spectrum **Disorders**

Developmental Disabilities 25(2) 67-75 © 2010 Hammill Institute on Disabilit Reprints and permission: sagepub.com/journalsPermissions.nav DOI: 10.1177/1088357610364530 \$SAGE

HAMMILL INSTITUTE

Lillian N. Stiegler and Rebecca Davis

ADSTRACT

Literature on sound sensitivity in individuals with and without autism spectrum disorders (ASD) is reviewed in this article.
Empirical evidence is examined, and physiologic and psychoemotional-behavioral perspectives are described. There is virtually
no evidence of true physiological differences in auditory systems of individuals with ASD. It is evident, however, that many
people with ASD (a) feel fearful and anxious about sound, and (b) may experience unpleasant physiological sensations
because of autonomic and/or behavioral responses to nonpreferred sounds, but (c) can learn to react in less stigmatizing,
more effectively self-regulating ways. Current assessment and intervention practices are discussed, and a case is presented.
Heightened understanding of this issue among caregivers and interventionists may ultimately improve life participation for
individuals with ASD.

Auditory Hypersensitivity in Children With **Autism Spectrum Disorders**

Focus on Autism and Other
Developmental Disabilities
28(3) 184–191

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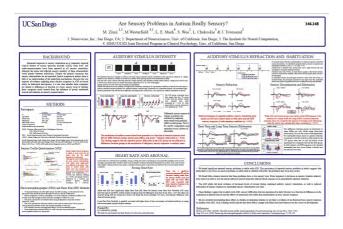
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ay R. Lucker, EdD¹

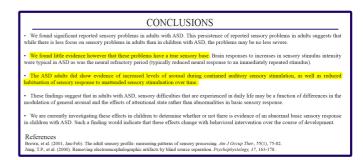
A review of records was completed to determine whether children with auditory hypersensitivities have difficulty olerating loud sounds due to auditory-system factors or some other factors not directly involving the auditory system. lecords of 150 children identified as not meeting autism spectrum disorders (ASD) criteria and another 50 meeting that riteria were reviewed. All participants had normal hearing. Tolerance was measured up to 110 dBHL. Findings revealed a maller-than-expected percentage of children were unable to tolerate loud sounds. The conclusion drawn is that auditory ypersensitivity is not based in the auditory system, but rather is a conditioned response to sounds perceived as aversive or oying.Treatments for auditory hypersensitivity should not be auditory based but should include desens mplications for practice are provided.

Probably even increased perceptual capacity





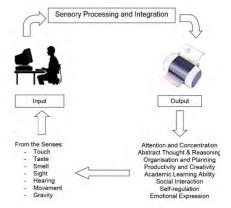
Are sensory issues really sensory?





Interventions should focus on the limbic system, rather than on the sensory system \dots

Our ideas about sensory issues are based on the old computer metaphor



The brain does *not* process stimuli, only what is different from the stimuli it predicted...

Why so complicated?

Bayesian brain:

Working with probabilities is appropriate in situations that are uncertain

The input coming from the senses is unreliable!

stimulus sensation stimulus sensation stimulus sensation stimulus no sensation no stimulus sensation

EXAMPLE:

Color is in your brain: Tomato is not always red, yet you 'see' red

Color is in your brain: you can see the same color as two different colors

The dancing gorilla you don't see

Hallucinations, phantom pain, illusions e.g.**Rubber Hand** illusion

The brain does not receive sensory input, it predicts it and processes the prediction errors

Predictability plays a major role in sensory issues

Why can't you tickle yourself?

Sarah-layne Blakemore.^{CA} Daniel Wolpert and Chris Frith

Wellcome Department of Cognitive Neurology, Institute of Neurology, University College London, 12 Queen Square, London WC IN 3BG, UK

CrossMar

reduced habituation in autism because of reduced predictivity (Turi et al., 2015)

Children with autism spectrum disorder show reduced adaptation to number

Marco Turi^{s,b}, David C. Burr^{b,c}, Roberta Igliozzi^a, David Aagten-Murphy^a, Filippo Muraton^{ikl}, and Elizabeth Pellicano^{cos 1}

"A key determinant of habituation is stimulus predictability.

... a lack of predictability would compromise habituation and lead to hypersensitivity."

(Sinha et al., 2014)

Hyperresponsivity:

Autism as a disorder of prediction

Pawan Sinhain*, Marganet M. Kjelgaard*h Tapan K. Gandhin*, Kikovoulos Tsourides*, Annie L. Cardinaux*, Dimitros Pantasch*, Sidney P. Diamond*, and Richard M. Held*h "Quadratinet fatan un Cogrinis Sunsa. Nachadamia binalis et foreignis, Carledias, MA 0212h "Opperinent of Commissions Sidness and Disorder, Masenbratis General Inspectation et al. Markhamia binalis et foreignis, Carledias, MA 0212h "Opperinent of Commissions Sidness and Disorder, Masenbratis General Inspectation et al. Markhamia Sidness (Markhamia Sidness). And 0212h and "Opperinent of Biomodical Engineering Delens institutes of Psychology and Hold Edisorus, New Orl, India Oz. 101564." Psychological Review 2014, Vol. 121, No. 4, 649-675 © 2014 American Psychological Association 0033-295X/14/\$12.00 http://dx.doi.org/10.1037/a0037665

Precise Minds in Uncertain Worlds: Predictive Coding in Autism

Sander Van de Cruys, Kris Evers, Ruth Van der Hallen, Lien Van Eylen, Bart Boets, Lee de-Wit, and Johan Wagemans KU Leuven

PREDICTIVE CODING IN AUTISM

66

e.g., under the form of enhanced discomfort to bright light; Kern et al., 2001). When the gain of the neural units representing the rediction errors is fixed at a high level, it is easy to see that sypersensitivity becomes very likely, especially for unexpected nput, as is the case in ASD. Overweighting of irrelevant prediction errors causes sensory overload.

ion errors causes sensory overload.

Seeing that unpredicability is at the core of the sensory overload, we can also attempt to explain its negative affective impact.

Jacertainty has long been identified as a factor that intensifies tress and anxiety (Herry et al., 2007; Miller, 1981). In addition to eading to increased stress and anxiety, persistent significant prediction errors may actually by themselves generate negative affect Huron, 2006; Van de Cruys & Wagemans, 2011). When predic-

tion theories (Chevallier et al., 2012) that this is an important aggravating factor in the syndrome. Indeed, social interactions are not perceived to be that enjoyable or rewarding in individuals with ASD (Chevallier et al., 2012). Unsurprisingly, a lot of interventions focus on increasing the reward of social interactions. If social situations are avoided from early on in life, the number of social learning experiences decreases, and so, in a vicious circle, even more social impairments ensure.

tearning experiences acereases, and so, in a vicious circle, even more social impairments ensure.

Taken together, these factors arguably make individuals with ASD more vulnerable to mood and anxiety problems, which are indeed overrepresented in ASD (Kim, Szatmari, Bryson, Streiner, & Wilson, 2000). Hence, mood problems, anxiety, and anxious avoidance should in our view be considered as secondary symp-

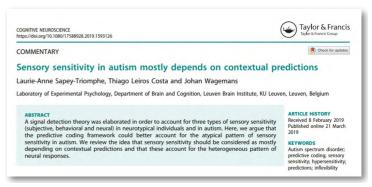
RESEARCH ARTICLE

actile Hypersensitivity and GABA Concentration in the Sensorimotor Cortex of Adults with Autism

aurie-Anne Sapey-Triomphe [©], Franck Lamberton, Sandrine Sonié, Jérémie Mattout, and :hristina Schmitz

Sensory hypersensitivity is frequently encountered in autism spectrum disorder (ASD). Gamma-aminobutyric acid (GABA) has been hypothesized to play a role in tactile hypersensitivity. The aim of the present study was twofold. First, as a study showed that children with ASD have decreased GABA concentrations in the sensorimotor cortex, we aimed at determining whether the GABA reduction remained in adults with ASD. For this purpose, we used magnetic resonance spectroscopy to measure GABA concentration in the sensorimotor cortex of neurotypical adults (n=19) and ASD adults (n=18). Second, we aimed at characterizing correlations between GABA concentration and tactile hypersensitivity in ASD. GABA concentration in the sensorimotor cortex of adults with ASD was lower than in neurotypical adults (decrease by 17%). Interestingly, GABA concentrations were positively correlated with self-reported tactile hypersensitivity in adults with ASD (r=0.50, P=0.01), but not in neurotypical adults. In addition, GABA concentrations were negatively correlated with the intra-individual variation during threshold measurement, both in neurotypical adults (r=0.47, P=0.04) and in adults with ASD (r=0.59, P=0.01). In other words, in both groups, the higher the GABA level, the more precise the tactile sensation. These results highlight the key role of GABA in tactile sensitivity, and suggest that atypical GABA modulation contributes to tactile hypersensitivity in ASD. We discuss the hypothesis that hypersensitivity in ASD could be due to suboptimal predictions about sensations. Autism Research 2019, © 2019 International Society for Autism Research, Villey Periodicals, Inc.

Autism, CONTEXT and predictions



Sensory issues, context and predictions

• Steph Lietz & Francesca Happé





What defines your sensory reactivity?

SENSORY INPUT



(UN)CERTAINTY



PREDICTIONS

We cannot avoid prediction errors

That's why the brain uses a variable precision of its own predictions

Sometimes, it must be precise Sometimes, good enough is OK Autism and the predictive brain

HIPPEA:

High, Inflexible Precision of Prediction Errors in Autism (Van de Cruys e.a., 2013, 2014)



Autism and the predictive mind: context!

- In autism, there seems to be a problem with predictions, the precision of input and priors, and the handling of prediction errors.
- There's a deficit in the flexible adjustment of predictions and their precision in function of context

Hypothesis Palmer, Lawson, Hohwy (2017)

Psychological Bulletin
Bayesian Approaches to Autism: Towards Volatility,
Action, and Behavior
Colin J. Palmer, Rebecca P. Luwson, and Jakob Hohwy
Online First Publication, March 23, 2017. http://dx.doi.org/10.1037/bul0000097

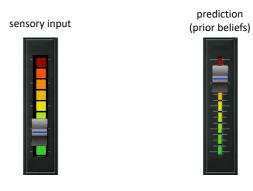
The autistic brain *treats* sensory information as being more informative (relative to prior information) when estimating the state of the environment.

The relative weight you give to the sensory input and predictions depends on the context

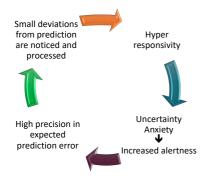


How much weight you give to a prediction error depends on the certainty about your model of the world and the predictions based o that model (Lawson, Mathys & Rees, 2017)

Precision determines the filter in our brain



Sensory or anxiety and uncertainty?



Uncertainty drives anxiety, sensory issues in autism



Strategies for sensory issues: traditional way



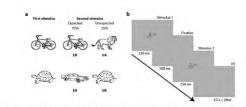
But from **Hyperacusis – Tinnitus** we learned:

- Do not eliminate sounds, but make sounds predictable and controllable:
- Working on 'feedforward' (prediction) instead of 'feedback' (stimulus)

We need to 'feed' the brain so it can update its models and reduce the prediction errors

(prediction errors = stress / unpleasant)

Predictability, not repetition leads to habituation



Again...context

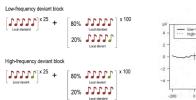
Archival Report

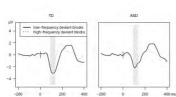


Sensory Prediction Errors Are Less Modulated by Global Context in Autism Spectrum Disorder

Judith Goris, Senne Braem, Annabel D. Nijhof, Davide Rigoni, Eliane Deschrijver, Sander Van de Cruys, Jan R. Wiersema, and Marcel Brass

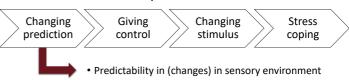
Mismatch negativity P3b





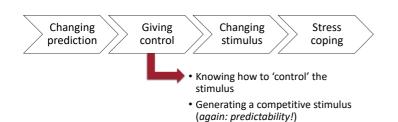
Strategies for sensory issues?

Tackle the prediction errors!



- Contextual clarifying of stimuli: **PUSH THE CONTEXT BUTTON**
- Changing the brains model of the world

Strategies for sensory issues? Tackle the prediction errors!



Reduce stress by optimistic predictions

The insular cortex does not only respond to pain but to a wide range of aversive events.

"This will be bad" leads to the same predictive information as "this will hurt"

This will be bad \rightarrow stress \nearrow sensory overload

This will be good → stress 🏖 → no sensory overload



The mportance of control



And what about hyporeactivity?

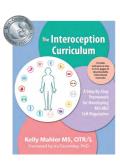
- Interoception is affected in autism
- Lower cardiac awareness (Palser e.a., 2019)
- · Lack of awareness of hunger, thirst, pain and the need to make bowel or bladder movements



Hyporeactivity in interoception

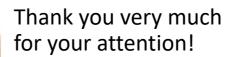
- The outside world is so stressful that the hypervigilant brain does not have time and energy to process the predictions and prediction errors regarding the inner world
- Overestimation of own interoceptive abilities (too certain about one's own interoceptive sensibility)
- · Link with anxiety!
 - Anxiety (but also depression) linked to alexithymia
- Autistic brains have not learned to read their own body
- · Recognizing inner body signals requires contextual sensitivity





Conclusion

- Take the stress / discomfort caused by sensory environment seriously
- Address the stress and the arousal rather than the stimuli
- Address the prediction-errors: reduce uncertainty, not stimuli
 - Make the sensory environment more predictable
 - Clarify the sensory environment
 - · Give information about sensory environment
- Empowering approach: not avoiding, but coping
 - No "one size fits all" interventions
 - Give (feeling of) control over the sensory environment
 - · Teach how to survive sensory stress







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