Beyond Access, Attention, and Escape

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Disclosures

• Dr. Coplan is author of Making Sense of Autistic Spectrum Disorders: Create the brightest future for your child with the best treatment options (Bantam-Dell, 2010), and receives royalties on its sale

• This presentation will include a discussion of off-label drug use

Outline

• Cognitive and Emotional Traits in ASD
  • The problem
    – Neglect of Internalizing Behavior (and mental health)
    – How did we get here?
  • The Solution
    – Positive Behavior Support Plan for Internalizing Behavior
    – Proactive mental health assessment
    – SSRI’s
    – Parent- and/or Family-centered intervention (Often) ➔ Part II!
Abnormal regulation of arousal

Abnormal regulation of attention

Abnormal regulation of sleep

Abnormal Sensory Processing

Cognitive Rigidity:
Changes in Routine / Unmet Expectations

“Cognitive Rigidity → Anxiety → Disruptive Behavior

“If he’s not doing what he wants at the time he wants, then all bets are off”

Father of 9 y.o. boy with Fragile-X, ASD, anxiety, & disruptive behavior

“Cognitive Rigidity → Anxiety → Disruptive Behavior

“Our son experiences extreme anxiety when what he anticipates isn’t what happens…When we know a change is coming we can prepare him, but those we can’t anticipate are still very upsetting for him... The switch flips in his mind, and it’s out of his control.”

6 y.o. boy with ASD, anxiety, and normal nonverbal IQ

“Cognitive Rigidity (Difficulty shifting mental sets)

“Externalizing Behaviors”

- Insistently repetitious behavior
- Difficulty with unmet expectations
- Perfectionism
- Compulsions
- (Aggression, SIB)

“Internalizing Behaviors”

- Perfectionism
- Obsessions
- (Anxiety / Depression)
Anxiety

RD. 7 y.o. F, nl IQ, PDD-NOS & Anxiety. Father: GAD

“Standing in the Atlantic Ocean. The ocean has a very high surface, up to their mouth, so they can’t breathe.” Six year old boy with ASD and Anxiety.

www.drcoplan.com
info@drcoplan.com
Compulsions

Joseph F: 15 y.o. boy Asperger Syndrome

Perfectionism

Anxiety & Perfectionism

10 y.o. boy with ASD.
Bender-Gestalt: SS 116
Hyperlexia
Verbal Comprehension: Moderate delay

Teacher report: “E. is a very sweet boy... tries hard to please... Constantly seeks reassurance. He follows directions, but you have to let him complete what he is doing. He cannot leave things unfinished.”

EK. MRN 06-0299

Perfectionism

Tony

7 y.o. boy with HFA, Anxiety, and Perfectionism

Teacher’s Report: “Tony tries to exclude himself from any ‘competition’ types of games or activities, as he really dislikes being ‘wrong,’ ‘out,’ or to lose. On the times he has had tantrums after being ‘out’ or when his team has lost, the other children have been very empathetic towards him and he has not lashed out at them. His frustration appears to be with himself.”

TQ. 8 yr old boy with AS
MRN: 14-0916
Tony
7 y.o. boy with HFA, Anxiety, and Perfectionism

Office Visit
Examiner: “Sometimes you just need to do your best, and then move on,” we stated in an encouraging tone of voice, then asked him “What do you think of that?”
Pt: “Not much,” he replied bluntly.

Sean W.
MRN 14-0933

• 10 y.o. boy w. prior Dx of ADHD & OCD
• Developmental History:
  – Inconsistent eye contact
  – “No social filters”
  – “Precocious interests”
  – Sensory aversions
  – Behavioral deterioration on stimulants

Sean W.
MRN 14-0933

• Exam
  – Friendly & cooperative
  – “My brain makes me worry about stupid stuff, like ‘Did I touch something?’”
  – Pedantic tone: Referring to his sister Alli: “I believe her real name is Allison”
  – Private monologues: “Pluto is the equality of Hades in Greek mythology…. Ares is the Greek god of war…. Cupid is the son of Aphrodite and Zeus….”

Impaired Theory of Mind and Central Coherence

Sean readily concluded that the boy on the left was “at the doctor’s and about to get a shot.” He interpreted the picture on the right as “A boy was walking home from school and took off his clothes and went for a swim.” Even after we pointed out the car, Sean never figured out that the picture shows a man who had been driving the car who stopped to take a swim (not a boy walking home from school).
Sean W.
MRN 14-0933

The final task was a family drawing (“Draw a picture of your family, with everybody in the picture doing something”). The open-ended nature of the task threw him, and for a few moments he was unable to get started. Once he did get started, he worked very slowly, and made repeated erasures.

Anxiety, Perfectionism, and Disruptive Behavior
10 y.o. boy with ASD, normal NVIQ, and disruptive behavior at school

During testing B was cooperative and motivated to do well for the majority of the time... He was quiet, mild-mannered, and polite when offered encouragement and praise... and even commented that he liked some of the tasks...

He became increasingly frustrated as the testing progressed... He became quite distressed when asked questions about his own emotional life and behavior. This resulted in a cycle where he repetitively vocalized his need to complete the task and then became angry and frustrated by the questions that he was being asked....

Private psychologist’s note

Sean W.
MRN 14-0933

Revised Dx
• Asperger Syndrome
• OCD

Anxiety, Perfectionism, and Disruptive Behavior
10 y.o. boy with ASD, normal NVIQ, and disruptive behavior at school

Given his otherwise kind and mild-mannered nature, it does not appear to this examiner that any of B’s behavior is primarily oppositional or simply a tool to gain attention or escape a difficult task. When faced with tasks that he perceives are difficult or if he fears that he will make a mistake, B’s internal response is so extreme that he appears to lose all ability to regulate the external expression of this emotion. 

Private psychologist’s note

Sean W.
MRN 14-0933

Anxiety, Perfectionism, and Self-Injurious Behavior

Standard Score: 138

A.D.: 9 y.o. girl with ASD (my MRN: 06-0227)
Throughout the session, “Alice” delivered a steady stream of self-deprecating comments, calling herself “stupid,” or perseveratively asking if she was “fat.” During the Bender, she anxiously and angrily twisted the eraser off the tip of the pencil, while declaring “Why do I keep making stupid mistakes?” As her stress level rose, she escalated to slapping herself, and then punching herself in the face.
"Draw a picture of your family, with everybody in the picture doing something."

IB; 12 yr old male, Mild ASD, Superior IQ

IB; 12 yr old male, Mild ASD, Superior IQ

IB; 12 yr old male, Mild ASD, normal IQ

IB; 12 yr old male, Mild ASD, Superior IQ

IB; 12 yr old male, Mild ASD, normal IQ

IB; 12 yr old male, Mild ASD, Superior IQ
Psychiatric Symptom Impairment in Children with Autism Spectrum Disorders

- 115 pts w. ASD at University Hosp. Child Devel. Clinic
  - Age 6–12 yr; Male: 86 %; White: 91 %
  - Mean IQ: 85
    - ≥70: 91 (77 %)
    - <70: 24 (23 %)
  - Spectrum Dx:
    - Autistic Disorder: 31 %
    - Asperger’s Disorder: 19 %
    - PDD-NOS: 50 %
- Child and Adolescent Symptom Inventory-4R
  - Parent & teacher ratings

The science of who we are (or: Why do we act the way we do?)

Psychiatric Symptom Impairment in Children with Autism Spectrum Disorders

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADHD (any type)</td>
<td>83%</td>
</tr>
<tr>
<td>Oppositional defiant disorder</td>
<td>53%</td>
</tr>
<tr>
<td>Conduct disorder</td>
<td>23%</td>
</tr>
<tr>
<td>Anxiety disorders</td>
<td>70%</td>
</tr>
<tr>
<td>Generalized anxiety disorder</td>
<td>46%</td>
</tr>
<tr>
<td>Social phobia</td>
<td>91%</td>
</tr>
<tr>
<td>Major Depressive D/D, Dysthymia</td>
<td>45%</td>
</tr>
<tr>
<td>Manic episode</td>
<td>53%</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>48%</td>
</tr>
<tr>
<td>Any disorder</td>
<td>54%</td>
</tr>
</tbody>
</table>

* Combined Parent & Teacher ratings
** “Impairment” = Symptoms “Often or Very Often”

19th century neuroscientists’ dilemma

- We know from correlative neuroanatomy where certain functions reside within the brain, but how and why does the brain do what it does?
- How do we construct a science of human behavior?

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Correlative Neuroanatomy / Neuropsychol.
- Wernike, Broca
- Penfield
Classical Psychology (“consciousness”)
- James
Behaviorism (Externally visible behavior)
- Watson
- Thorndike
Skinner
Analytic Psychiatry (Introspection)
- Freud
Correlative Neuroanatomy / Neuropsychology

Broca’s Area

- Paul Broca, 1861
- Severe impairment of speech production
- Language comprehension remains intact (“Broca’s aphasia”)

Wernike’s Area

- Carl Wernicke, 1874
- Ability to speak remains intact, but language comprehension and ability to produce meaningful speech are impaired (“Fluent aphasia”)

Freud: Neuropathologist

“Critical Introduction to Neuropathology” (1885-87)

Freud: Psychoanalytic Theory

Wilder Penfield

(1891-1976)

http://editthis.info/psy3241/Wilder_Penfield

William James

(1842–1910)

“Father of American Psychology”
The Principles of Psychology (Harvard, 1890)
- Functional localization: “lower” → “higher” brain centers
- Stream of Consciousness, Emotion, Habit, Will, etc…

Psychology as the behaviorist views it (Columbia, 1913): “A purely objective experimental branch of natural science. Its theoretical goal is the prediction and control of behavior. Introspection forms no essential part of its methods, nor is the scientific value of its data dependent upon the readiness with which they lend themselves to interpretation in terms of consciousness.”

Psychology without reference to “consciousness”

- Understanding, Insight, comprehension
- Intention, Desire
- Compliance / Noncompliance
  - “Compliance” and “Non-compliance” presuppose that the subject “understands” what is expected, and has “chosen” to not emit the behavior

Law of Effect

*Animal Intelligence.* Edward Thorndike, 1911

“Of several [possible] responses…to the same situation, those which are...closely followed by satisfaction to the animal will...be more likely to recur. Those which are...followed by discomfort to the animal will...be less likely to occur. The greater the satisfaction or discomfort, the great the strengthening or weakening of the bond”
Operant Conditioning

Skinner

• **Experimental manipulation of the consequences for a given behavior (by the subject) alters probability that that behavior will recur.**

Behaviorism

Antecedent

↑ Probability of Recurrence

Behavior

↓ Consequence

Reinforcers

Punishments

Antecedents

• External:
  – Imposition of a task
  – Change in routine
  – Denial of access to object or activity
  – Other....
  – Or: No apparent external antecedent

Behavior

• “Topography”
  – “What does the behavior look like?”
  • Verbal “defiance”
  • Task refusal (Better: Non-performance)
  • Flopping
  • Property destruction
  • SIB (describe)
  • Eloping
  • Etc…
Consequences 1: Reinforcers

- Reinforcers: Recurrence of antecedent behavior
  - Positive Reinforcement (adds something)
    - Access (to food, desired objects)
    - Attention
  - Negative Reinforcement (removes something)
    - Escape from task
    - Removal of non-preferred food

Consequences 2: Aversives

- Aversives: Recurrence of antecedent behavior
  - Logical Consequences
    - If child refuses to use toilet, child must wear backpack with spare clothes
  - Over-correction
    - If the child spills milk on purpose: child must mop the entire kitchen floor
  - Punishment
    - Loss of privileges
    - Verbal
    - Physical

Besides being ethically questionable and possibly detrimental, these both constitute attention—a reinforcer!

Attention as a reinforcer

[Image of Attention as a reinforcer]

https://lara-joseph.wordpress.com/2015/03/11/attention-as-a-reinforcer/
https://kuscholarworks.ku.edu/bitstream/handle/1808/12939/Bayles_ku_0099D_13181_DATA_1.pdf?sequence=1

Self-Inflicted Punishment in children with ASD & Perfectionism

[Diagram showing Antecedent (Task Demand) leading to Behavior, which leads to Consequence, with Perfectionism & Self-inflicted punishment for perceived failure resulting in “Task avoidance”]

Goal

- To abolish self-inflicted punishment following failure to complete a task perfectly
  - Mistakes are OK
  - I made a mistake—I will not die
  - I can try again
  - Mistakes are how I learn new things
    - Michaelangelo
I saw the angel in the marble and carved until
I set him free.

Michelangelo

**Motivating Operations (MO)**

- “Motivating operations affect whether a person wants or does not want a stimulus at a given moment, which helps explain [the person’s] behavior at that point in time.”

**Motivating Operations (MO)**

- MOs that the reinforcing or punishing qualities of a stimulus are termed *Establishing Operations (EO)*
  - MOs that the reinforcing or punishing qualities of a stimulus are termed *Abolishing operations (AO)*
Beyond Access, Attention, & Escape
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Abolishing Operation

“Mistakes are OK”
“I will not die” etc.

Antecedent (Task Demand)

Behavior

Consequence

I can’t do it perfectly!!
Self-inflicted punishment and/or task avoidance

Outline

• Cognitive and Emotional Traits in ASD
• The problem
  ➢ The Solution
    – Positive Behavior Support Plan for Internalizing Behavior
    – Proactive assessment of mental health
    – SSRI’s
    – Parent- and/or Family-centered intervention (Often) ➢ Part II !

IDEA

• As a practical matter, however:
  – “Behavior” is tacitly interpreted to mean “Externalizing” behavior
  – “Impedes Learning” is equated with academic failure

IDEA, Section 614(d)(2)(B)

http://idea.ed.gov/explore/view/pi/root, statute, J, 614, d

(B) Consideration of special factors.--The IEP Team shall--
(i) in the case of a child whose behavior impedes the child's learning or that of others, consider the use of positive behavioral interventions and supports, and other strategies, to address that behavior.

http://idea.ed.gov/explore/view/p/root,reqs,preamble2,prepart2,D,2766

Comment: A few commenters recommended that Sec. 300.324(a)(2)(i) refer specifically to children with internalizing and externalizing behaviors.

Discussion: We do not believe it is necessary to make the recommended change because Sec. 300.324(a)(2)(i) is written broadly enough to include children with internalizing and externalizing behaviors.

Changes: None.

This site was created to provide a “one-stop shop” for resources related to IDEA and its implementing regulations…

Reclaiming IDEA:
Positive Behavior Support for Internalizing Behavior

• Staff Awareness
  ➢ “Seeing the vase”
• Visual Schedules
• Relaxation Techniques
• Abolishing Operations
Daniel C: 11 y.o. boy with AS

“Not seeing the vase

Daniel C: 11 y.o. boy with AS

“It is so disappointing to see
Daniel choose to act the way he does... He has been inconsiderate
of his science group, and his
teachers... He just doesn’t want to
focus ....His attitude makes me
sad.”

– Teacher report

MRN: 13-0863

Daniel makes choices that affect his
relationships with peers... Makes
choices not to comply with directions
or expectations... Can be sweet yet
also very stubborn or refuses to
comply with directions... Difficulty with
transitions... Difficulty perceiving
situations accurately.”

– Teacher report

MRN: 13-0863

The Story of Billy’s Box - 1
(or, why it’s important to ID internalizing behavior)

- 8 y.o. boy with ASD and normal
  Nonverbal IQ
- Severe tantrums at school
- Antecedents:
  - TRANSITIONS
- Function?
  - Not attention, escape, access
  - “Biological” (i.e. “just part of his ASD”)?
The Story of Billy’s Box - 2
(or, why it’s important to ID internalizing behavior)

Q: “Billy – You’re always getting in trouble at school. What’s going on?”
A: “I’m afraid that if I hand in my work, I’ll never get a chance to go back and make it perfect.”

The Story of Billy’s Box - 3
(or, why it’s important to ID internalizing behavior)

“Put your papers in the box, and we promise you will be able to go back later and work on them some more, if you want to.”

Social Skills Deficit + Cognitive Rigidity

“L’s IEP includes a Positive Behavior Support Plan, with goals that focus on compliance, and awareness of the feelings of others.

Specific target behaviors include “Refusal to comply with task,” “Time off task,” and “Making noises.” The “Perceived Functions” of these behaviors are listed as “Escape from work, self-stimulation, sensory, and attention-seeking.”

Social Skills Deficit + Cognitive Rigidity

“We are pleased to see that L. has a Positive Behavior Support Plan, but we are dismayed that it does not consider perfectionism as an antecedent, in which case L’s refusals may not be for the purpose of escape from task per se, but to avoid self-criticism for not being able to do a task perfectly.

Liam’s Behavior Plan calls for him to recognize the feelings of others, which is fair. By the same token, his Behavior Plan should also require the adults to make an effort to figure out what Liam may be feeling – not just react to the surface topography of the behavior.”

Social Skills Deficit + Cognitive Rigidity

“With his teachers, L. is defiant, argumentative and refuses to complete tasks. He manipulates all situations and has much difficulty with the teacher/pupil hierarchy. He is very comfortable telling adults what to do and why... He has great difficulty seeing the consequences of his actions and views punishment or consequences as personal attacks....”

Not seeing the vase
(ignoring internalizing behavior)
### Seeing the vase
(Recognizing internalizing behavior)

<table>
<thead>
<tr>
<th>Antecedents</th>
<th>Behaviors</th>
<th>Consequences</th>
<th>Perceived Function</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiousness</td>
<td>Tantrums</td>
<td>Temporary reduction in anxiety via task avoidance (stress reduction via mild SIB?)</td>
<td>Stress Reduction; Avoidance of self-blame for not completing the task perfectly</td>
</tr>
<tr>
<td>Perfectionism</td>
<td>Elop ing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear of Failure</td>
<td>Task Refusal</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Positive Behavior Support Plan for Internalizing Behavior

- **Staff Awareness**
- **Visual Schedules**
- **Relaxation Techniques**
- **Abolishing Operations**

### Visual Schedules

#### Positive Behavior Support Plan
for Internalizing Behavior

- **Staff Awareness**
- **Visual Schedules**
- **Relaxation Techniques**
- **Abolishing Operations**

### The Incredible 5-Point Scale

- 5: Karl Dunn's anger scale and Milti Curtis' DOW (Dull, Overwhelmed, and Understood)

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info@drcoplan.com
Positive Behavior Support Plan for Internalizing Behavior

- Staff Awareness
- Visual Schedules
- Relaxation Techniques
- Abolishing Operations (long before task)
  - Cognitive Behavioral Therapy (CBT)
  - Educate child about his/her ASD
  - Build self-esteem

My Calming Sequence

<table>
<thead>
<tr>
<th>5</th>
<th>4</th>
<th>3</th>
<th>2</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

CBT

<table>
<thead>
<tr>
<th>What is the worst thing that might happen?</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>What is a bad thing that might happen, but not the worst?</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>What is a neutral thing that might happen, but not bad or good?</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>What is the best thing that might happen?</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
</tbody>
</table>

Exploring Feelings

Cognitive Behavioral Therapy to Manage Anxiety

Dr. Tony Attwood

What it is to be Me!

An Asperger Kid Book

Written by Angela Wray
Illustrations by David Cray

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  - SSRI’s
  - Parent- and/or Family-centered intervention (Often) ➤ Part II!

Knowledge is Power
Sir Francis Bacon

Self-esteem, self-esteem, self-esteem
Jim Coplan

OCA Report
Evaluation by Yale Child Study Ctr: 10/24/06 (9th Grade)

“... We are very concerned about AL’s increasingly constricted social and educational world. Much of emphasis has been on finding curricular level of instruction... Inability to interact with classmates will prove increasingly deleterious to education...”
**OCA Report**

“By this point, there were multiple indicators that AL met statutory-regulatory criteria and applicable guidance for autism spectrum disorders or, alternatively, for emotional disturbance...By not classifying his needs appropriately, attention to AL’s severe disabilities focused, as the Yale psychiatrist previously warned, on curricular issues rather than on the social and emotional characteristics that were seriously impacting his ability to participate in a regular educational environment. ..”

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- **Cognitive and Emotional Traits in ASD**
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    - How did we get here?
  - The Solution
    - Positive Behavior Support Plan for Internalizing Behavior
    - Proactive mental health assessment
      - SSRIs
    - Parent- and/or Family-centered intervention (Often) ● Part II!

**Selective Serotonin Reuptake Inhibitors (SSRIs)**

- **Primary targets**
  - Cognitive Rigidity
  - Anxiety
  - Obsessions (thoughts)
  - Compulsions (behavior)
  - Perfectionism
  - Depression
- **“Downstream” benefit:**
  - ♠ Disruptive Behavior
  - ♠ Quality of Life

**Pharmacotherapy for anxiety disorders in children and adolescents**


- Studies reviewed: 22 RCTs’ 2,519 participants
  - Short-term (average 11 wks)
  - Mean age 12 yrs
- Drugs studied (versus placebo)
  - SSRIs: 15 (fluoxetine 6, fluvoxamine 2, paroxetine 3, sertraline 4)
  - SNRIs: 5, (citalopram 3), venlafaxine 2)
  - Benzodiazepines: 2: (alprazolam 1, clonazepam 1)
  - Tricyclic antidepressants: 1 (desipramine)

- Meta-analysis
  - Response rate: Medication 59%; Placebo 31%
  - 7.3% of subjects treated with SSRIs withdrew because of side effects
  - "The overwhelming majority of evidence of efficacy was for the SSRIs, with the most evidence in paediatric OCD"

**SSRIs**

- **Side Effects**
  - Activation
    - Hyperactivity
    - Irritability
    - Insomnia
    - Agitation
  - Uncommon or irrelevant
    - GI dysfunction
    - Sexual dysfunction
    - "Black Box” warning (suicidal mentation)

**Cognitive Rigidity**

“I haven’t been ‘fired’ or told that I was ‘the worst mom ever’ in a month! ... Our son has been more adaptable. He has not had a meltdown in a month. (He has come close – but we managed or problem-solved, to come back from the cliff.)”

Mother of an 8 y.o. with ASD and normal IQ, 4 wk after starting SSRI

www.drcoplan.com
After one week on Sertraline

Sent: Thursday, May 31, 2012
To: James Coplan
Subject: amazing shift in A.D.
Importance: High

Dr. Coplan,
I “know” that it takes several weeks for SSRIs to “kick in” but the child I saw in my office today is simply a different child and the improvements are being noted across settings by multiple adults. There was NO self abuse, NO negative self statements, an availability for interventions, just a complete transformation. We “fixed” mistakes, “re-did” errors, told jokes, and played together. The “core” Autistic symptoms are obviously still there - perseveration on bras, drawing, etc - but mood-wise there is no question that A. is already benefitting from the Sertraline... Impossible perhaps but really visibly clear...
Thank you very much.
S.S. Ph.D.

Anxiety

RD. 7 y.o. F, nI IQ, PDD-NOS & Anxiety. Father: GAD

Anxiety after Rx with CBT & Escitalopram

RD. 9 y.o. F, nI IQ, PDD-NOS & Anxiety. Father: GAD

Perseveration

“Draw a picture of your family, with everybody doing something”

“Me and my parents and my sister at Dover Speedway”

14 y.o. male with AS
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    – Positive Behavior Support Plan for Internalizing Behavior
    – Proactive assessment of mental health
    – SSRIs
      ➢ Parent- and/or Family-centered intervention (Often) ➢ Part II!

Summary

• Internalizing behaviors are common in persons w. ASD
  – Unaddressed internalizing behavior often boils over to externalizing behavior
  – Sometimes it’s not the task per se, but self-inflicted punishment the child wishes to avoid
  – Implement Abolishing Operations to reduce the aversive quality of less-than-perfect performance (e.g. CBT)
• Educate the child about his/her ASD
• Work on self-esteem
• Proactively assess mental health
• Consider SSRIs
• Look to the parents / family dynamic (anxious children often have anxious parents)

Presentation

in Childhood

Extended
Family

ASD (Autism, PDD-NOS, AS)

NLD, SPLD*

Extended Family

Social Impairment
• Communication Impairment
• Restricted, repetitive behaviors & interests

• Anxiety Disorders
• Obsessive-Compulsive Disorder
• Depression, Bipolar Disorder
• Alcoholism
• Schizophrenia

Non-ASD Psych D/O

Broad Autism
Phenotype

* NLD: Non-Verbal LD, SPLD: Semantic-Pragmatic Lang. Disorder

Re-conceptualize the relationship between ASD and “Mental Illness”

BPD, OCD, Anxiety, AS

Bipolar Disorder

OCD Anxiety

Asperger Syndrome

Anxiety

Speech Delay “Processing Disorder”

C.A.; MRN 12-0811

The myth of “comorbidity”
A, B, C..., etc. are completely different entities, that sometimes happen to co-exist.

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Piet Mondrian (1872-1944) – Line over Form

Re-integrate behaviorism, psychiatry, classical psychology, and neuropsychology


Not Piet Mondrian, but Claude Monet…

Thank you!

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As DSM would have it……

Not until philosophers become kings, and kings become philosophers, will we have the perfect republic.

PLATO
~ 428 – 348 BCE

As per Mother Nature…..