




Managing internalizing behaviors in children on the autism spectrum

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 Presented by:  

www.drcoplan.com May 3, 2013

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JAMES COPLAN, M.D.
Neurodevelopmental Pediatrician - Author - Speaker
Making Sense of Autistic Spectrum Disorders

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Welcome

James Coplan, MD
-Internationally recognized clinician, author, and public speaker in the fields of early child development, early language development and autistic spectrum disorders.

rethink autism
"The Autism 'Explosion' and what it means for your child"
Listen to Dr. Coplan's webinar of April 4, 2012.
Download a copy of the presentation in PDF format here




May 3, 2013
Dr. Coplan will present at the 7th Annual Autism Conference: Building Bridges: Evolving Insights on Autism at the LaSalle University Student Union Building in Philadelphia, PA. The event is sponsored by Green Tree Partnerships, Green Tree School and LaSalle University. Dr. Coplan's session, Workshop 1, is offered at 10:45 AM until 12:00 Noon and is entitled: Managing Internalizing Behaviors in Children on the Autism Spectrum. Dr. Coplan describes the internalizing behaviors in children on the autism spectrum which are frequently under recognized or under treated and offers solutions for addressing them. More...

To view all News & Views entries, click here.

Disclosures / References

- 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



Chapter 12: Behavior management and psychopharmacology

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

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Outline / Basic Premises - 1

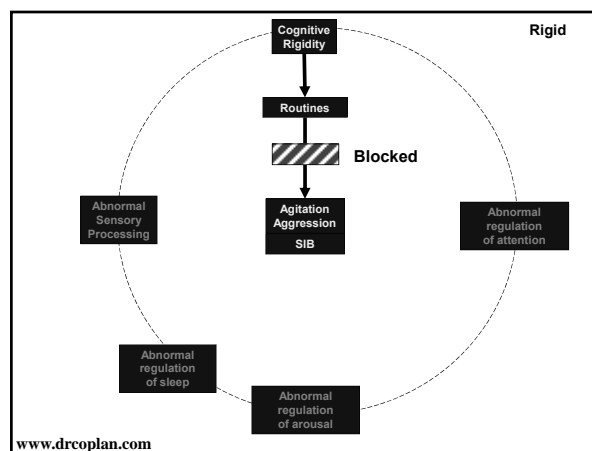
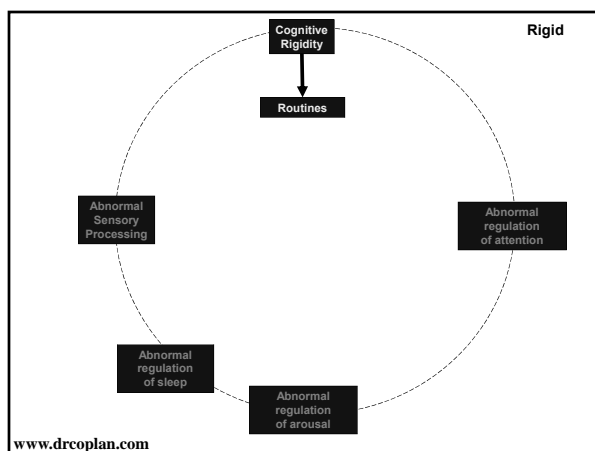
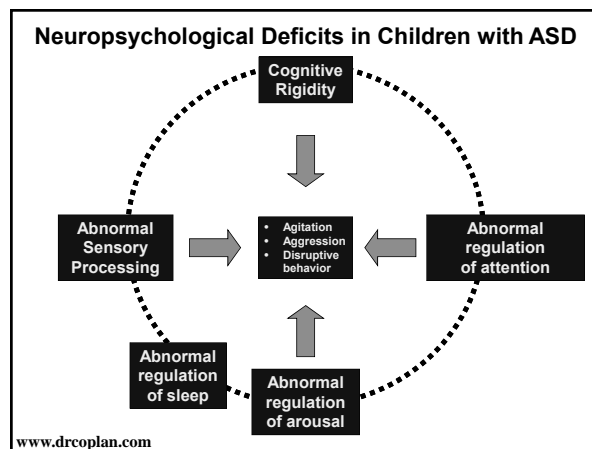
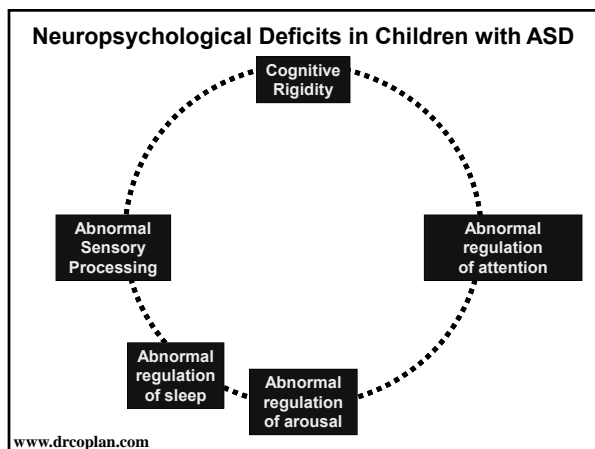
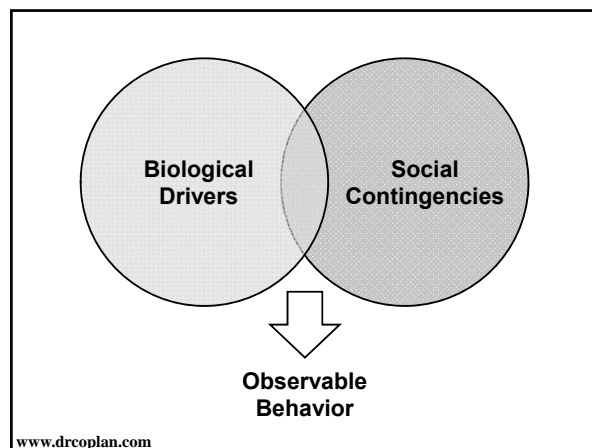
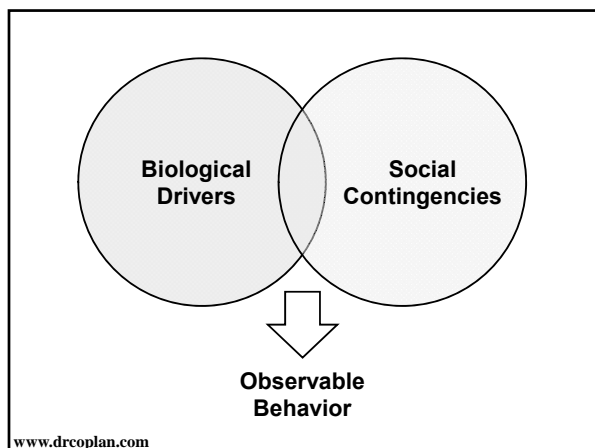
- Biologically driven behaviors / traits**
 - Cognitive Rigidity
 - Dysregulation of Attention
 - Dysregulation of Arousal
 - Dysregulation of Sleep
 - Dysregulation of Sensory Processing
- Occur irrespective of environmental contingencies**
- Do not serve a social function**
- Specific behaviors / traits are tied to specific neurotransmitters / brain systems**

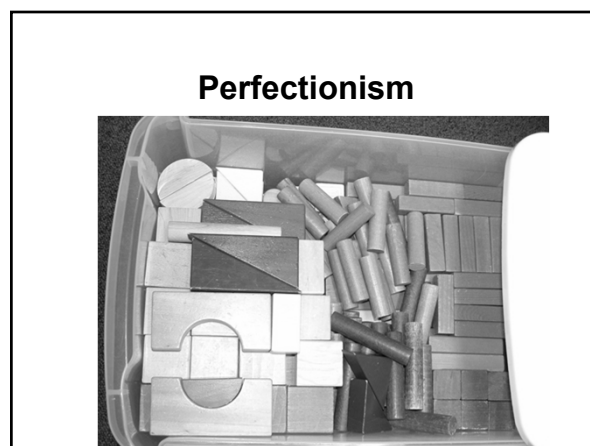
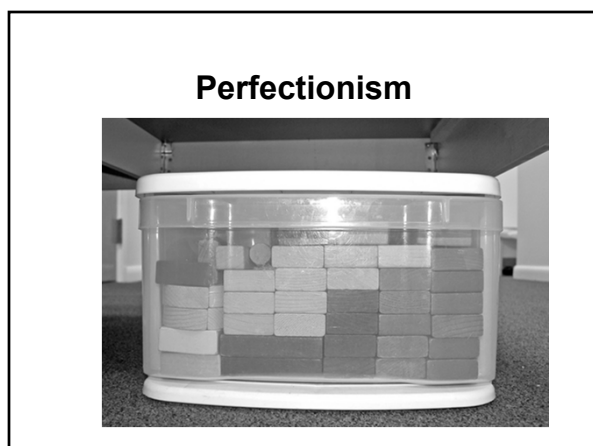
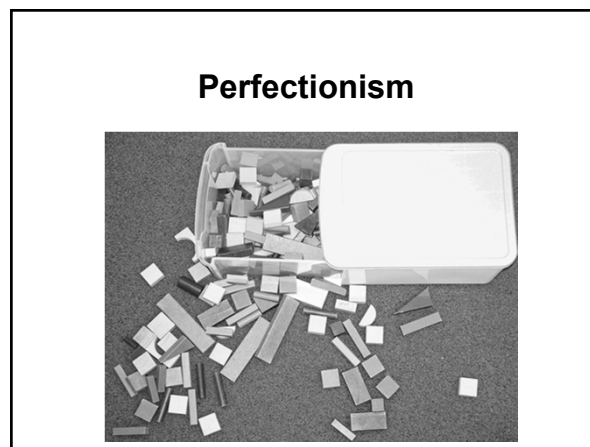
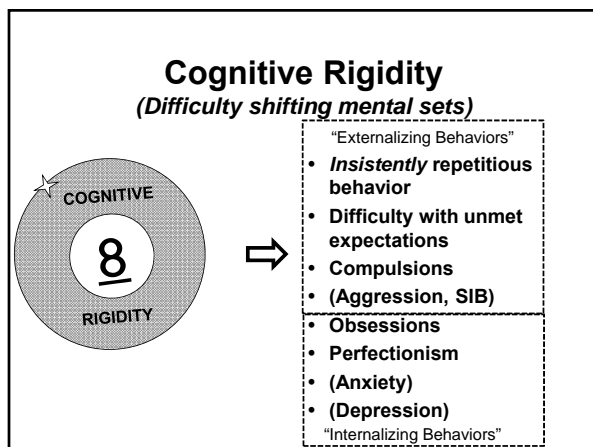
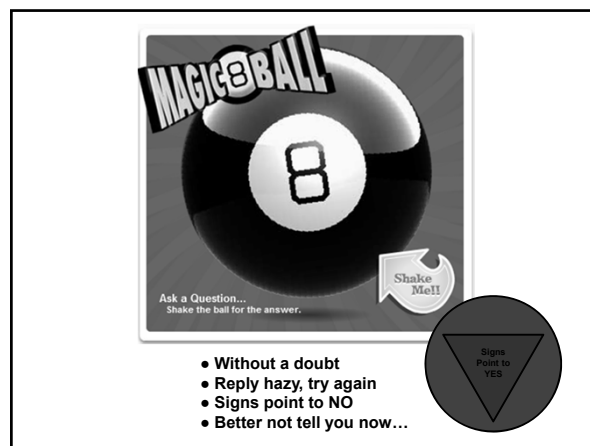
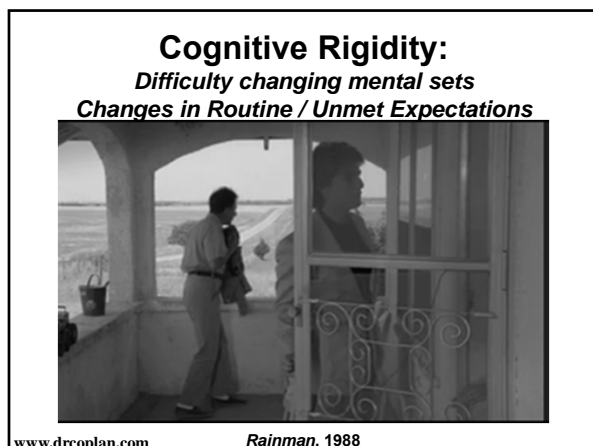
Outline / Basic Premises - 2

- Socially driven behaviors**
 - Occur in response to environmental contingencies
 - Serve a social function
 - Attention
 - Access to desired objects or activities
 - Escape from undesired activities
 - A-B-C Model
 - What is the Antecedent to the behavior?
 - What is the Behavior itself?
 - What are the Consequences for the behavior?

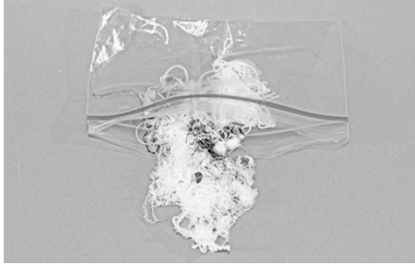
Outline / Basic Premises - 3

- Behavior management needs to take biological and environmental factors into account:**
 - Underlying biological traits often provide the child with lots of opportunities to make unfortunate discoveries (viz: Tantrums or SIB are great ways to get attention or escape from tasks)
- Intervention often requires both pharmacologic and behavioral measures**





Compulsions



Joseph F: 15 y.o. boy Asperger Syndrome

MRN: 05-0096

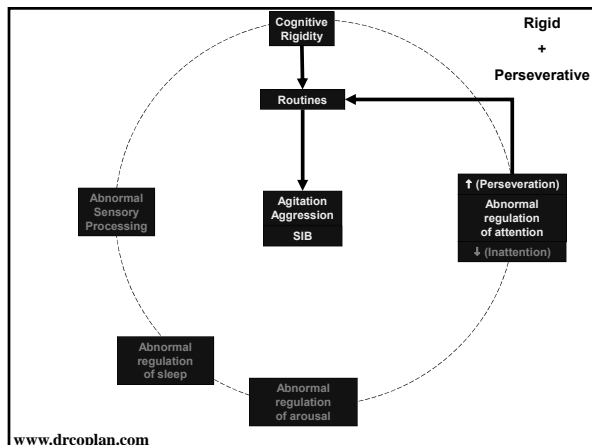
Perseveration

"Draw a picture of your family, with everybody doing something"



"We are going into the Grand Hyatt"

Wm W: 10 y.o. male; ASD & Anxiety; MRN 12-0827



Abnormal Regulation of Attention - 1

• Perseveration

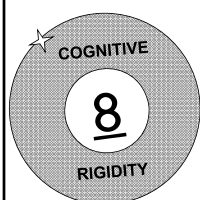
- Inability to "Let go and shift"
- Gets "stuck"
- "Overattention Deficit Disorder"

• Compounds the effects of cognitive rigidity

- Lacks the "insistent" nature of Cognitive Rigidity. Just keeps going & going & going.....

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Cognitive Rigidity (Difficulty shifting mental sets)



- "Externalizing Behaviors"
- Insistently repetitious behavior
 - Difficulty with unmet expectations
 - Compulsions
 - (Aggression, SIB)
- "Internalizing Behaviors"
- Obsessions
 - Perfectionism
 - (Anxiety)
 - (Depression)

Perfectionism and Self-Injurious Behavior

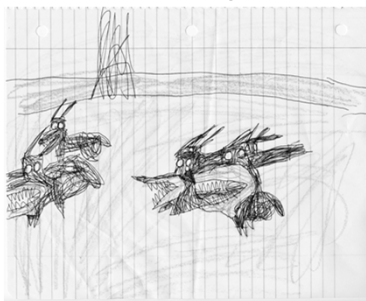


Standard Score: 138

A.D. : 9 y.o. girl with ASD (MRN: 06-0227)

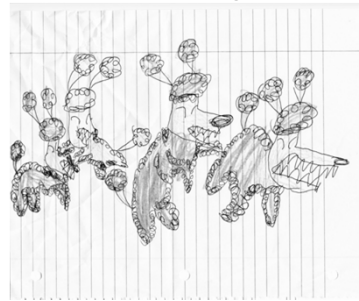
Throughout the session, "Alice" delivered a steady stream of self-deprecating comments, calling herself "stupid," or perseveratively asking if she was "fat." During the Bender, she anxiously and angrily twisted the eraser off the tip of the pencil, while declaring "Why do I keep making stupid mistakes?" As her stress level rose, she escalated to slapping herself, and then punching herself in the face.

Anxiety



RD. 7 y.o. F, nl IQ, PDD-NOS & Anxiety. Father: GAD
www.drcoplan.com MRN: 07-0427

Anxiety



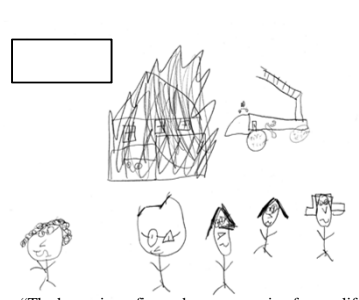
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Anxiety



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Anxiety



"The house is on fire and we are running for our life."

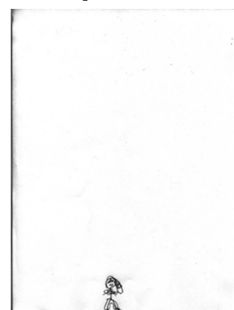
A.W.: 9 year old boy with PDD-NOS and normal IQ (MRN 11-07710)

Anxiety

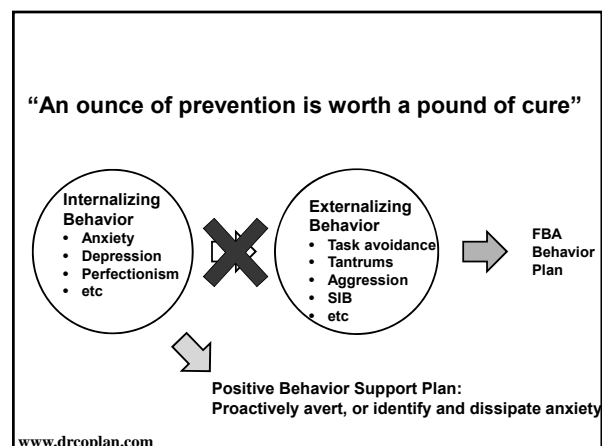
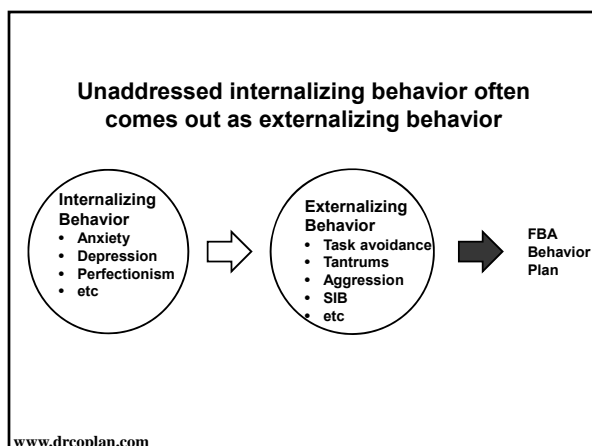
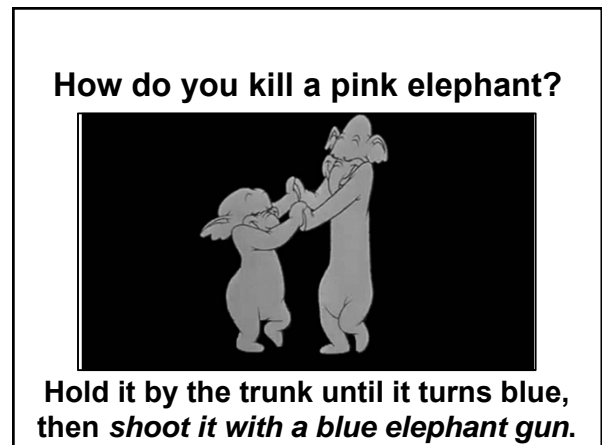
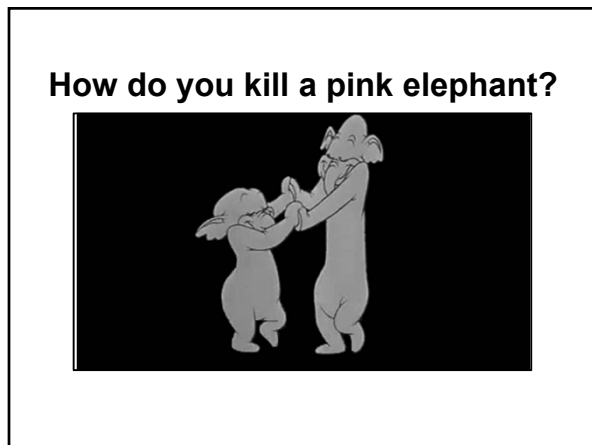
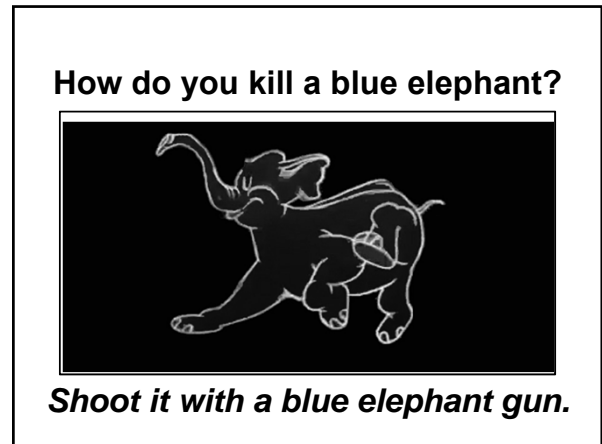
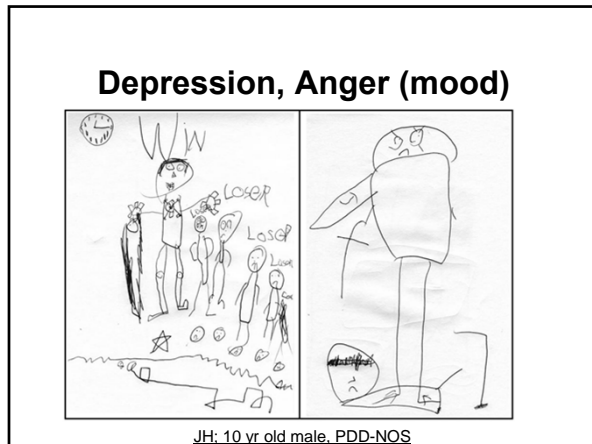


"Standing in the Atlantic Ocean. The ocean has a very high surface, up to their mouth, so they can't breathe." Six year old boy with ASD and Anxiety. BK:MRN 09-0605

Depression



www.drcoplan.com KO; 10 yr old female, PDD-NOS, normal IQ



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)

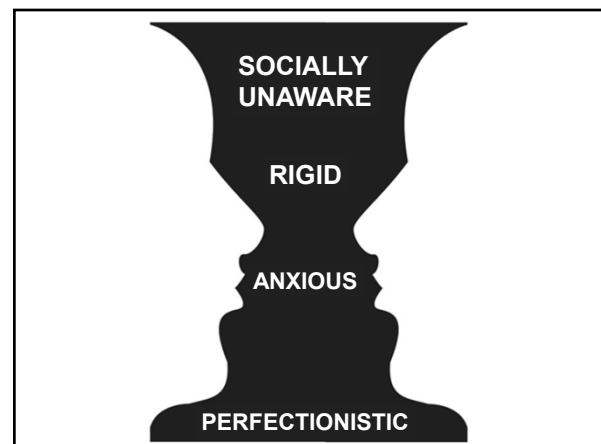
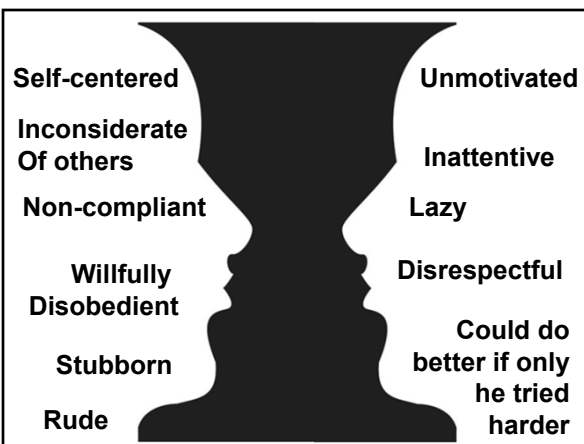


“Put your papers in the box, and we promise you will be able to go back later and work on them some more, if you want to.”

Positive Behavior Support Plan for Internalizing Behavior

- Staff Awareness
- Visual Schedules
 - What am I supposed to be doing *now*?
 - What am I supposed to do *next*?
- Relaxation Techniques
 - Mental Imagery
 - Isometrics
 - Deep Breathing
 - “Break” cards
- Cognitive Behavioral Therapy (CBT)
- SSRIs

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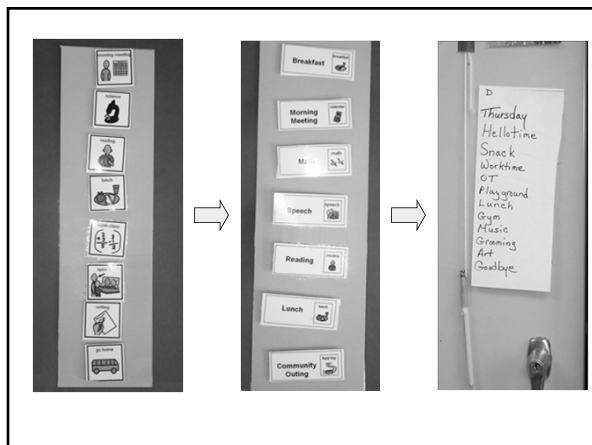


"We caution against the use of the word "stubborn" to characterize Ryan's classroom behavior. Ryan's task avoidance and non-adherence to teacher instruction reflect **cognitive rigidity and anxiety, rather than "stubborn" behavior**. Re-framing his actions will lead to more appropriate intervention, placing the focus on **anxiety management and cognitive flexibility**, rather than "compliance."

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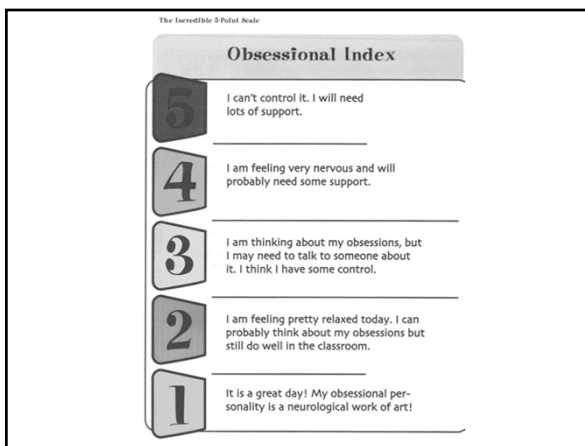
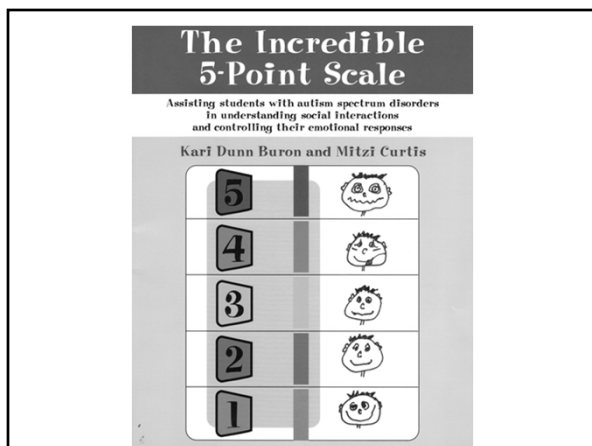
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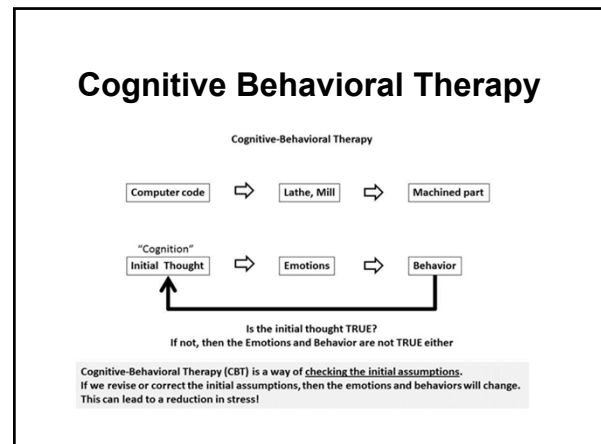
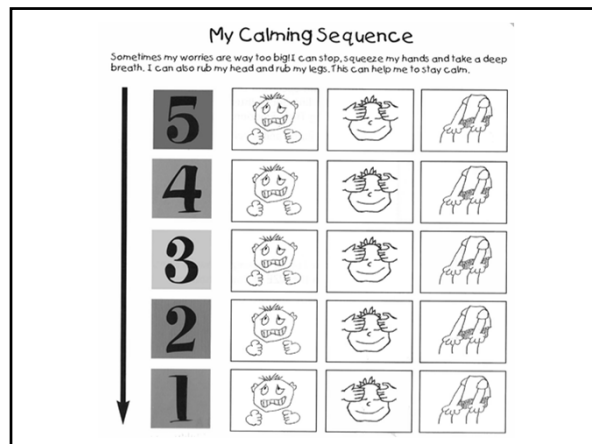


Positive Behavior Support Plan for Internalizing Behavior

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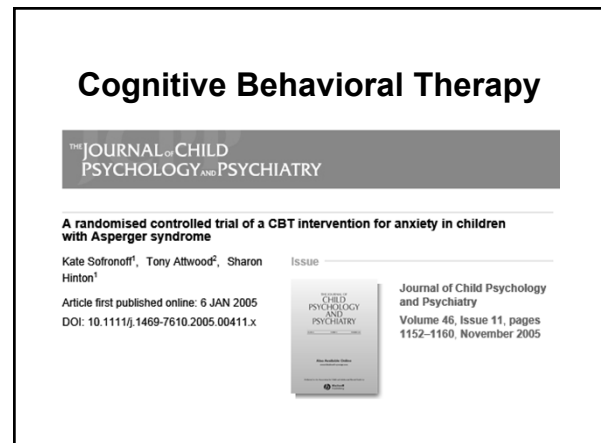
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Cognitive Behavioral Therapy

What is the worst possible outcome you can imagine?	What is the next-to-worst outcome?	What is the neutral (not good or bad) outcome?	What is the next best outcome?	What is the very best outcome you can imagine?
What is the chance of this happening?	What is the chance of this happening?	What is the chance of this happening?	What is the chance of this happening?	What is the chance of this happening?



Positive Behavior Support Plan for Internalizing Behavior

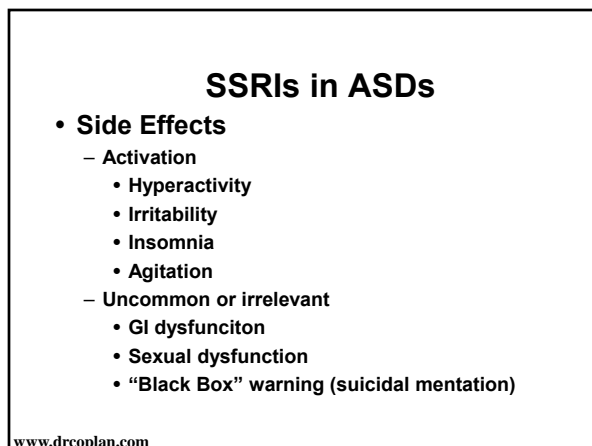
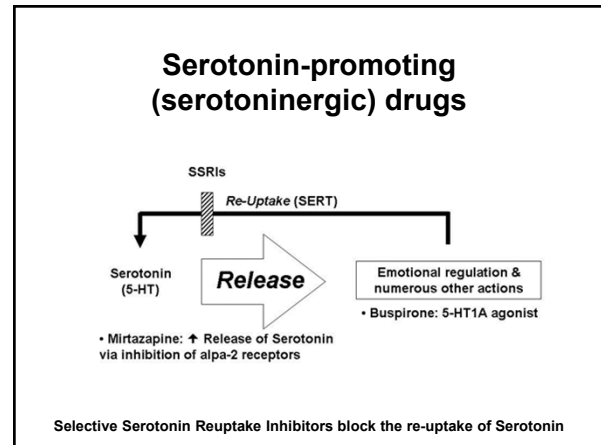
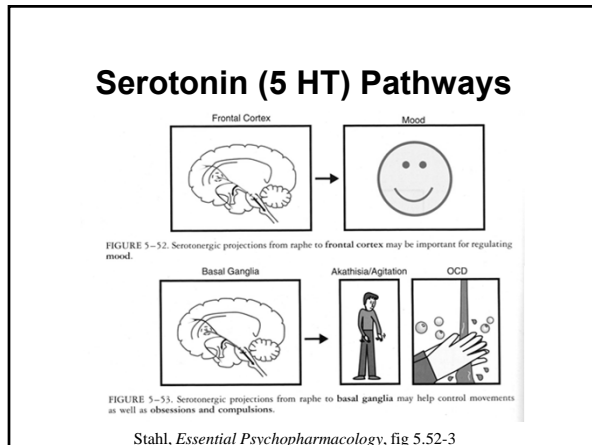
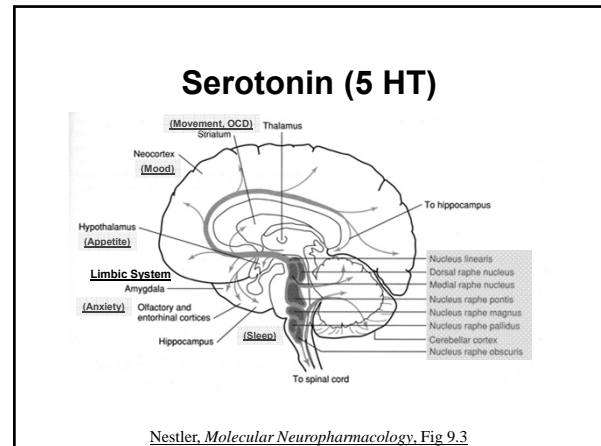
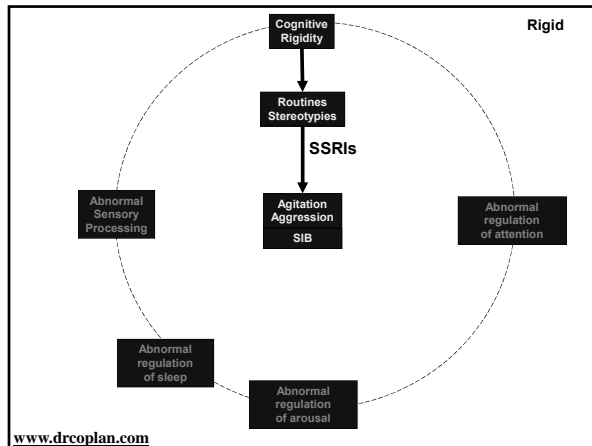
- **Staff Awareness**
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 - What am I supposed to be doing *now*?
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 - Mental Imagery
 - Isometrics
 - Deep Breathing
 - “Break” cards
- **Cognitive Behavioral Therapy (CBT)**
- **SSRIs**

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Selective Serotonin Reuptake Inhibitors (SSRIs)

- **Primary targets**
 - Cognitive Rigidity
 - Anxiety
 - Obsessions (thoughts)
 - Compulsions (behavior)
 - Perfectionism
 - Depression
 - Stereotypies: Probably not
- **“Downstream” benefit:**
 - ↓ Disruptive Behavior
 - ↑ Quality of Life

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Selective Serotonin Reuptake Inhibitors (SSRIs)		
Generic Name	Brand Name	Comment
Fluoxetine	Prozac	• The first selective SRI
Fluvoxamine	Luvox	
Sertraline	Zoloft	• May be less activating
Citalopram	Celexa	• Prolonged QT interval
Escitalopram	Lexapro	• Prolonged QT interval
And others...		

The website www.drcoplan.com is at the bottom left.

Selective serotonin reuptake inhibitors (SSRIs) for autism spectrum disorder (ASD).

Williams, K., et al., Cochrane Database Syst Rev, 2010. 8: p. CD004677

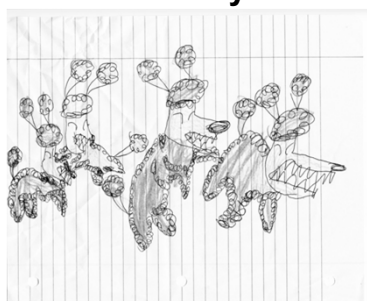
- Studies reviewed: 7 randomized controlled trials / 271 participants
 - Fluoxetine (2), fluvoxamine (2), fenfluramine (2), citalopram (1)
 - Subjects: Children (5); Adults (2)
 - Varying inclusion criteria for Dx of ASD and IQ
 - 17 different outcome measures
- "Data were unsuitable for meta-analysis"

Pharmacotherapy for anxiety disorders in children and adolescents

Ipser JC, Stein DJ, Hawkrig S, Hoppe L. Cochrane Database of Systematic Reviews 2009, Issue 3.

- 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, (clomipramine 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 bec/o side effects
 - "The overwhelming majority of evidence of efficacy was for the SSRIs, with the most evidence in paediatric OCD"

Anxiety



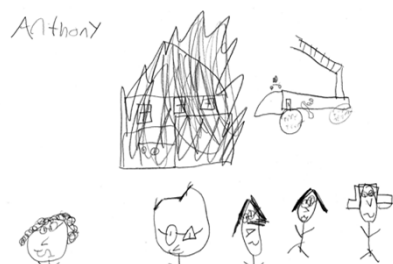
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www.drcoplan.com MRN: 07-0427

Anxiety after Rx with CBT & Escitalopram



RD. 9 y.o. F, nl IQ, PDD-NOS & Anxiety. Father: GAD
www.drcoplan.com MRN: 07-0427

Anxiety



"The house is on fire and we are running for our life."

A.W.: 9 year old boy with PDD-NOS and normal IQ (MRN 11-07710)

Fluoxetine 10 mg/d



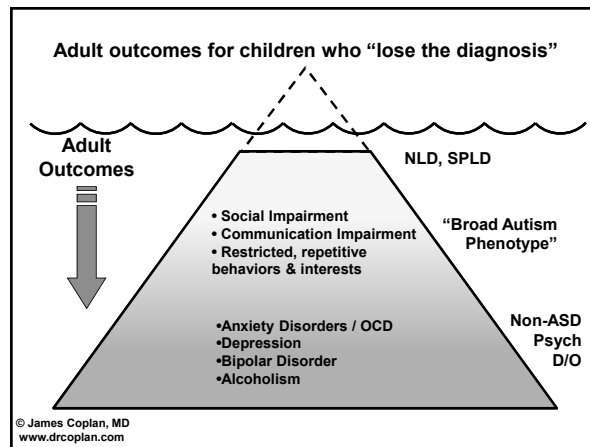
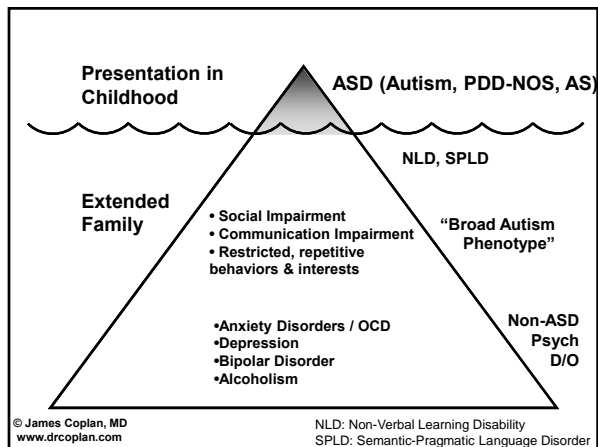
A.W.: 9 year old boy with PDD-NOS and normal IQ (MRN 11-07710)

After one week on Sertraline

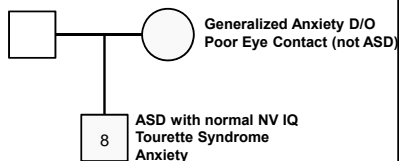
Sent: Thursday, May 31, 2012
To: James Coplan
Subject: amazing shift in A.D.
Importance: High

Dr. Coplan,
I "know" that it takes several weeks for SSRI's 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.

Prognosis & Family Genetics

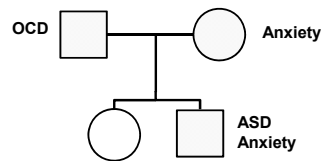


Anxiety D/O, TS, ASD

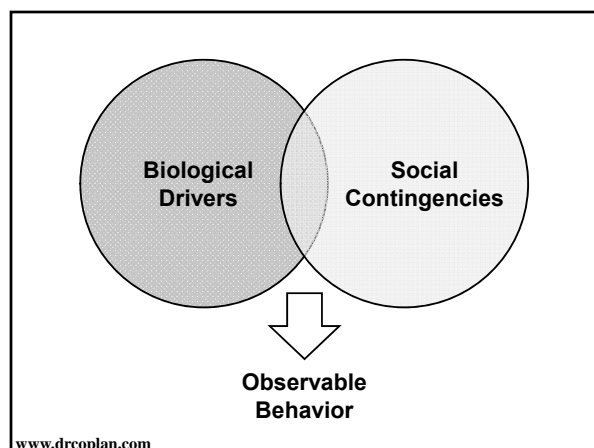
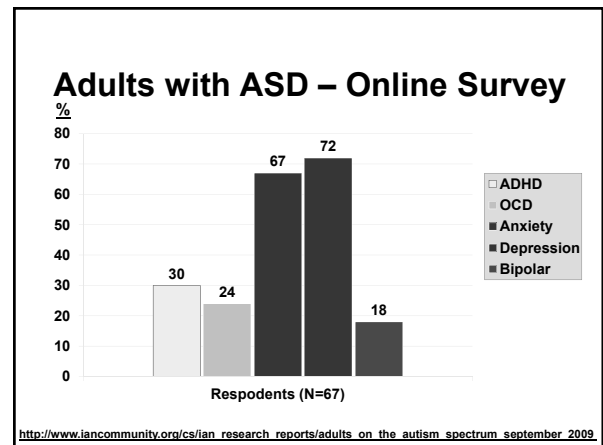
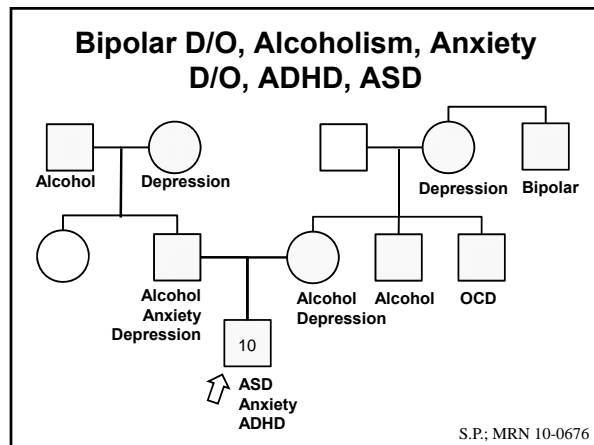
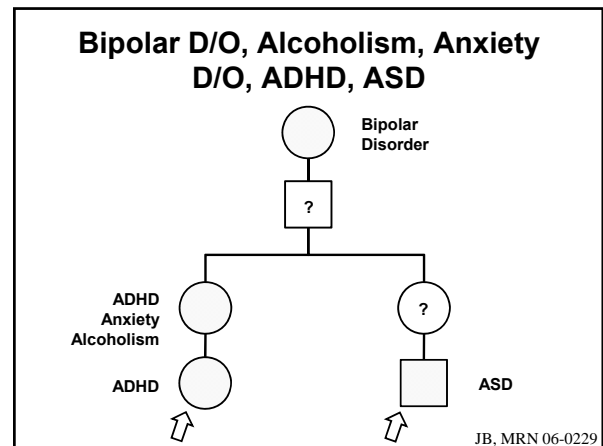
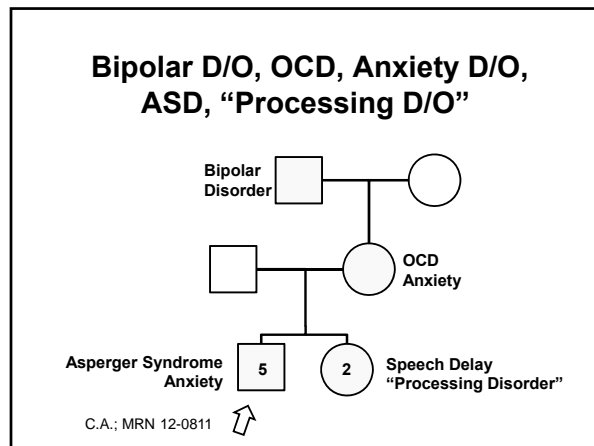


S.W.; MRN 08-0485

Anxiety, OCD, ASD



SK, MRN 12-0824



The ABC's of Behavior Analysis

- What is the Antecedent?
- What is the Behavior?
- What is the Consequence?

Antecedents

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

Antecedents

- **Internal:**
 - Hunger
 - Thirst
 - Fatigue
 - Cognitive Rigidity
 - Dysregulation of Attention
 - Dysregulation of Mood / Arousal
 - Dysregulation of Sensory Processing
 - Other biological drivers

Behavior

- **What, exactly, is the behavior?**
 - “Topography”
 - Verbal
 - Physical
- **Frequency**
- **Intensity**
- **Duration**
- **Timing**

Consequences

- **Reinforcers**
 - Positive
 - Negative
- **Aversives**

Food Selectivity

Negative and Positive Reinforcement of unwanted behavior

- **Parent removes non-preferred food** ([–] reinforcement)
- **Parent provides child with his/her preferred food** ([+] reinforcement)
- **Alternatives**
 - *First Then* (The Premack Principle)
 - Put refusal on extinction
 - The kitchen is *closed* between meals

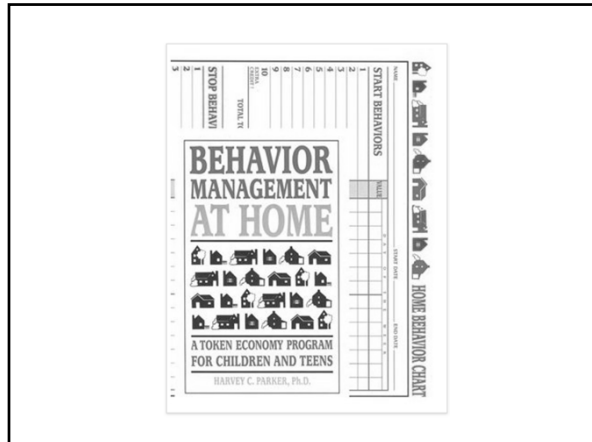
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Token Economy:

The next step beyond Time Out

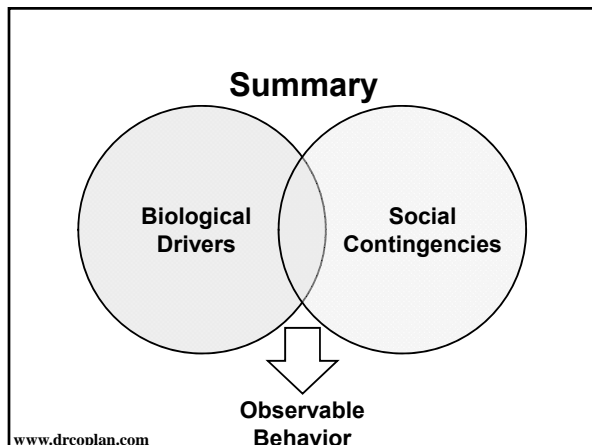
- **Concretely specified behaviors**
- **Earn and Lose Points**
- **Points → Access to preferred items**
 - Preferred toys, Computer time, etc.
 - *NO access to preferred item at other times*
 - “Extra” treats not as effective
- **Works with children who understand rule-based play** (CandyLand, Uno, etc.)

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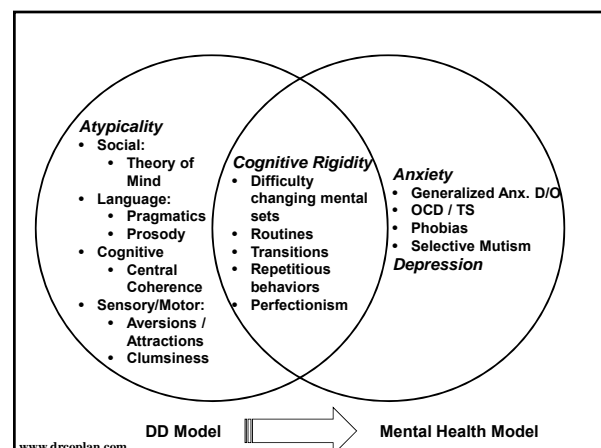
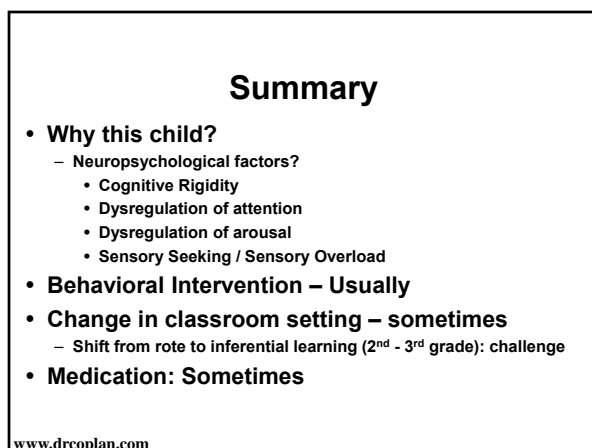
But.....

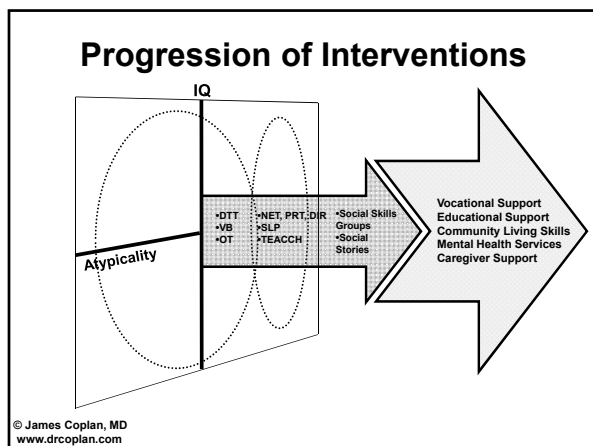
- FBA is generally “blind” to internalizing behavior
- Reinforcers and Aversives don’t reduce internalizing behavior



An ounce of prevention....

- Identify *internalizing* behaviors *before* they lead to *externalizing* behaviors
 - Behavior Management Plan that proactively seeks to avert or dissipate anxiety





Summary

Services for adult “survivors” of childhood ASD

- **Mental Health**
 - Anxiety
 - Depression
 - Mood Disorders
 - Depression
- **Vocational**
- **Workplace Social Skills**
- **Parent / Caregiver support**
- **Spouse / Partner support**

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Disclosures / References

- 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

Chapter 12: Behavior management and psychopharmacology

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

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JAMES COPLAN, M.D.
Neurodevelopmental Pediatrician - Author - Speaker
Making Sense of Autistic Spectrum Disorders

rethink autism
“The Autism ‘Explosion’ and what it means for your child”
Listen to Dr. Coplan’s webinar of April 4, 2012.
Download a copy of the presentation in PDF format here

May 3, 2013
Dr. Coplan will present at the 7th Annual Autism Conference: Building Bridges: Evolving Insights on Autism at the LaSalle University Student Union Building in Philadelphia, PA. This event is sponsored by Green Tree Partnerships, Green Tree School and LaSalle University. Dr. Coplan’s session, Workshop 1, is offered at 10:45 AM until 12:00 Noon and is entitled: Managing Internalizing Behaviors in Children on the Autism Spectrum. Dr. Coplan describes the internalizing behaviors in children on the autism spectrum which are frequently under-recognized or under-addressed, and offers strategies for addressing them. More...

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