Behavior management and psychopharmacology in children with autism spectrum disorders

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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

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### **Outline**

- Definitions
- Behavioral Interventions
- Neuropsychological Deficits
- Pharmacologic Interventions
- Summary

# **Maladaptive Behavior**

- Externalizing
- Internalizing

# Disruptive ("Externalizing") Behavior

- Tantrums
- Property Destruction
- Aggression towards others
- Self-injurious behavior (SIB)

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# "Internalizing" Behavior

- Anxiety
- Depression
- Obsessiveness / Rigidity
- Perfectionism

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# Social Functions of Externalizing Behavior

- Attention
- Access to a preferred object
- Escape from a task

# The ABC's of Behavior Analysis

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

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#### **Antecedents**

- External (Social)
  - Imposition of a task
  - Change in routine
  - Denial of access to object or activity
  - Other....
- Internal (Biological)
  - Hunger, Thirst, Pain, etc.
  - Neuropsychological abnormalities

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# Consequences

- Reinforcers (♠ likelihood of recurrence)
  - Positive (add something)
    - Attention
    - Access
  - Negative (remove something)
    - Escape
- Aversives (♥ likelihood of recurrence)

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### **Food Selectivity**

Positive and Negative Reinforcement of unwanted behavior

- Parent removes non-preferred food (negative reinforcement)
- Parent provides child with his/her preferred food (positive reinforcement)
- Alternatives
  - First .....Then
  - Put refusal on extinction
  - The kitchen is closed between meals
  - Desensitization (non-preferred food is on table, on plate, touch, lick, mouth, eat)

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## **Consequences 2: Aversives**

- Aversives lead to a decrease in the likelihood of recurrence of the antecedent behavior
- Logical Consequences
  - If child refuses to use toilet, child must carry backpack with spare clothes, when family is in public
- Over-correction
  - Must wash out soiled diaper
  - If the child spills milk on purpose: child must mop the entire kitchen floor

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# Disruptive Behavior: Function & Best Response

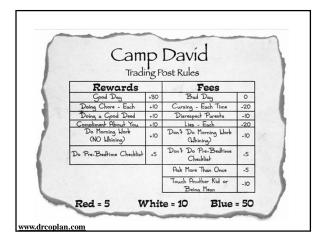
- Attention
  - 1-2-3 **⇒** "Time Out"
- Access
  - Never grant access to desired object in response to disruptive behavior
- Escape
  - Never permit the child to terminate a task with disruptive behavior. Walk child through task first, then → Time Out.

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# Token Economy: The next step beyond Time Out

- · Concretely specified behaviors
- Earn and Lose Points (Tokens)
- Points
   → Access to specified reward
  - Reward determined by child's interests
    - Preferred toys, Computer time, etc.
  - NO access to reward at other times
  - "Extra" treats not as effective
- Works with children who understand rule-based play (CandyLand, Uno, etc.)

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#### **But.....**

Children with ASD have atypical responses to external stimuli

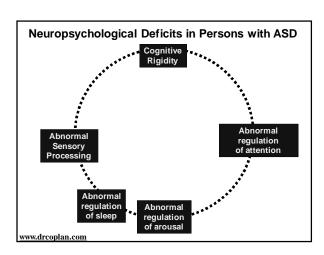
- What good is Time Out if the child has no eye contact?
  Children with ASD have a range of abnormal, autonomous, internal stimuli
- Obsessive behavior not the same as "ordinary" task refusal

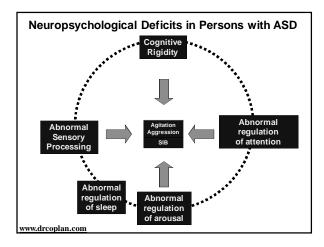
# Neuropsychological Abnormalities in Children with ASD

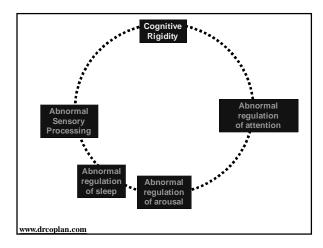
#### **Core Deficits**

Cognitive Rigidity
Abnormal regulation of attention
Abnormal regulation of arousal
Abnormal regulation of sleep
Abnormal sensory processing



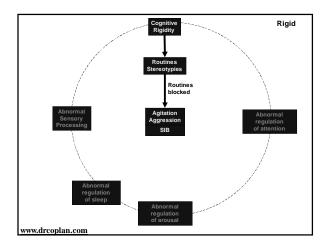






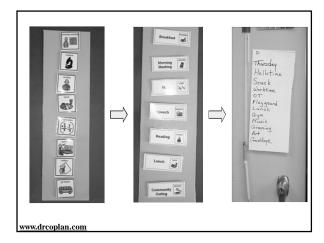
# **Cognitive Rigidity**

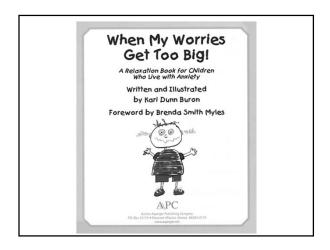
- Insistently repetitious behavior
- Problems with changes in routine, transitions, unmet expectations
- Perfectionism
- (Anxiety)
- (Depression)

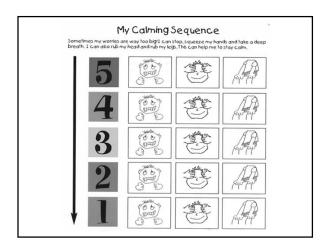


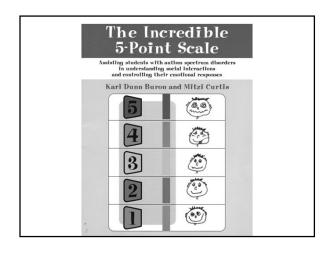
# **Cognitive Rigidity**

- Interventions
  - Visual Schedules
    - What am I supposed to be doing do now?
    - What am I supposed to do next?
    - "Oops" cards
  - Relaxation Techniques
    - Fidget toys, Deep Breathing, Isometrics
    - "Break" cards
  - SSRIs



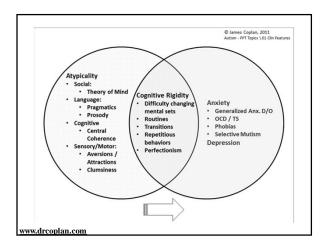


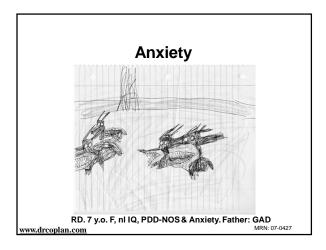


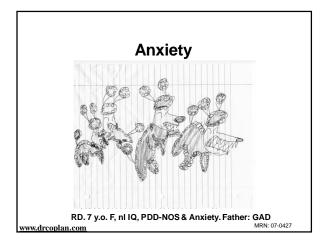


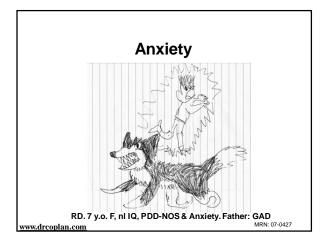
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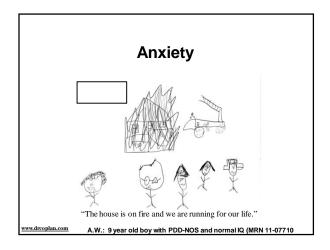
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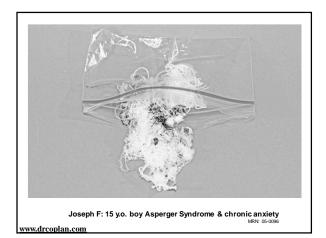








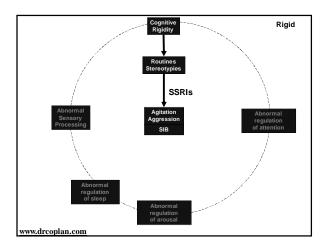


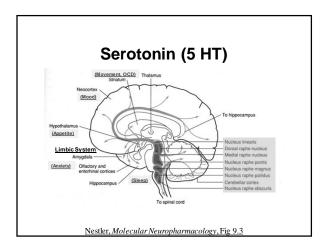


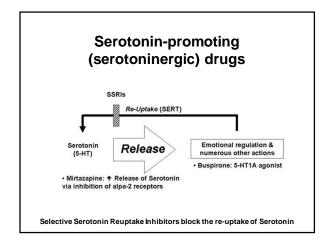
# **Depression** www.drcoplan.com KO; 10 yr old female, PDD-NOS, normal IQ

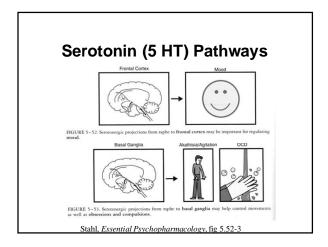
# **Selective Serotonin Reuptake** Inhibitors (SSRIs) in ASDs • Primary targets

- - Cognitive Rigidity
    - Anxiety
    - Obsessive / Perfectionistic behavior
  - Depression
  - Stereotypies: Probably not
- "Downstream" benefit:
  - − **Ψ** Disruptive Behavior
  - ↑ Quality of Life









# Pharmacotherapy for anxiety disorders in

children and adolescents

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

- Studies reviewed: 22 RCTs/ 2,519 participants

  - Studies reviewed: 22 KC1s/ 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)

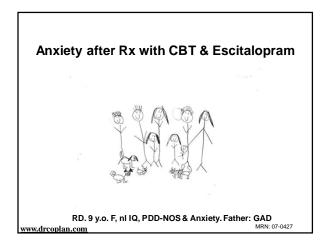
    SNRIs: 5, (clomipramine 3), venlafaxine 2)

    Benzodiazepines: 2: (alprazolam 1, clonazepam 1)

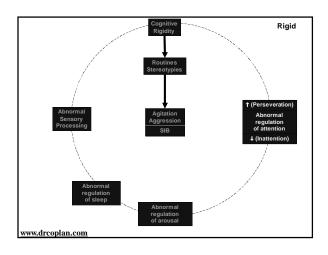
    Tricyclic antidepressants: 1 (desipramine)
- Meta-analysis
  - o Response rate: Medication 59%; Placebo 31%

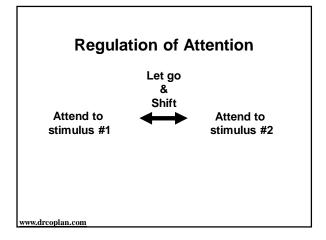
  - 7.3% of subjects treated with SSRIs withdrew bec/o side effects
     "The overwhelming majority of evidence of efficacy was for the SSRIs, with the most evidence in paediatric OCD"

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



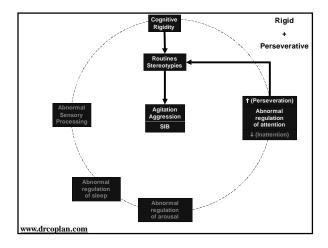


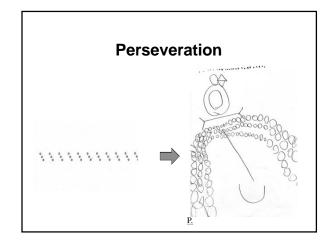


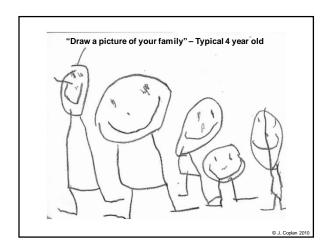


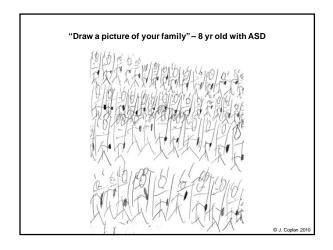
# Abnormal Regulation of Attention - 1

- Perseveration
  - Inability to "Let go and shift"
  - Gets "stuck"
  - "Overattention Deficit Disorder"
- Compounds the effects of cognitive rigidity





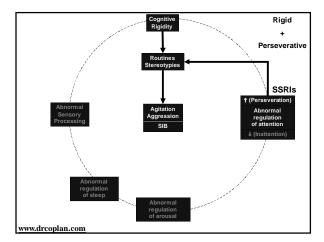




# Abnormal Regulation of Attention (Perseveration)

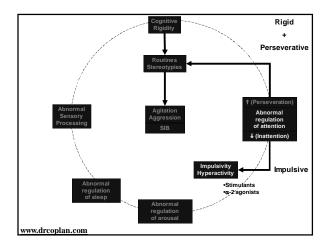
- Interventions
  - Verbal preparation for transitions
  - Visual Schedules
  - SSRIs (OCD: Proven; ASD: likely)

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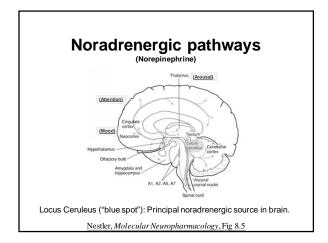
# Abnormal Regulation of Attention - 2

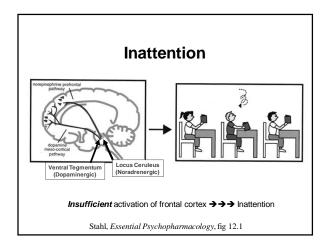
- Inattention
  - Inability to focus
  - Impulsive
  - Distractible

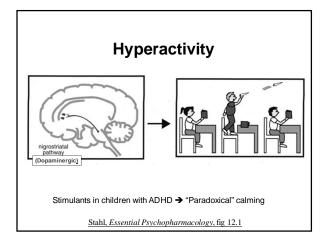


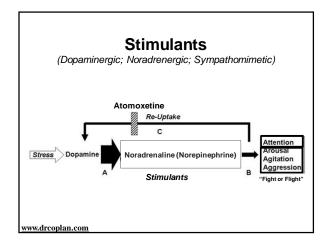
#### Inattention

- Interventions
  - Limited stimuli
  - Short work periods
  - Medication
    - Stimulants (may ↑ anxiety / rigidity / agitation)
    - alpha-2 agonists









# Stimulants, Norepinephrine Reuptake Inhibitors (NRI's)

Generic Name(s)	Brand Name(s)	Comment
Amphetamine		FDA Schedule II
Dextroamphetamine	Dexedrine, Dextrostat	FDA Schedule II
Dextroamphetamine + amphetamine	Adderall	FDA Schedule II
Methylphenidate	Concerta, Ritalin, Metadate	FDA Schedule II
Dexmethylphenidate	Focalin	FDA Schedule II
Atomoxetine, Attentin	Strattera	Norepinephrine reuptake Inhibitor (NRI), not FDA Schedule II

# **Alpha-2 Agonists**

Generic Name	Brand Name(s)	Comment
Clonidine	Catapres	More sedating than guanfacine
Guanfacine	Tenex, Intuniv	

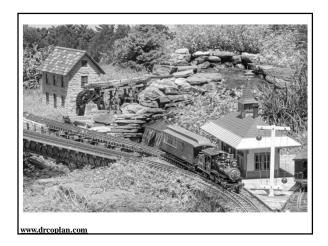
Frontal cortex / Locus Ceruleus: post-synaptic alpha-2 receptors
 Sympathetic outflow (autonomic nervous system): Pre-synaptic autoreceptors → ♥BP

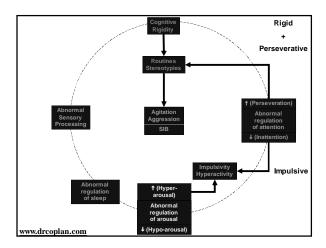
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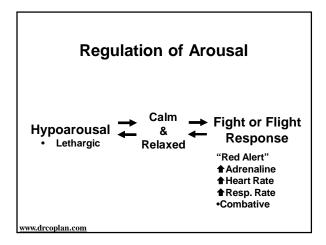
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#### **Clinical Pearl**

- Beware of anxiety or perseveration masquerading as inattention
  - Perseveration on inner stimuli: "Inattentive"
  - Perfectionism: "Problems w. task completion"
  - Anxiety: "Rushes through work"



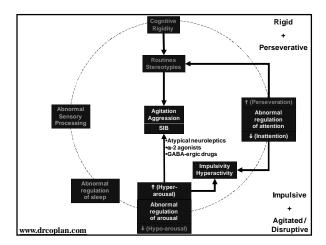


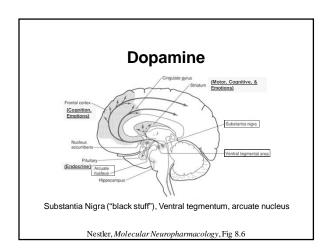


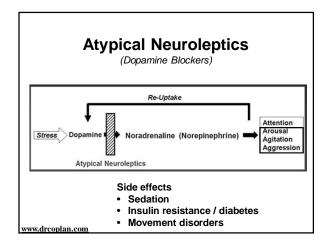
"He is so hard to calm down when he gets upset....His emotional thermostat doesn't work"

Parent of an 8 year old with ASD and a low arousal threshold

F. O. MRN 06-0208

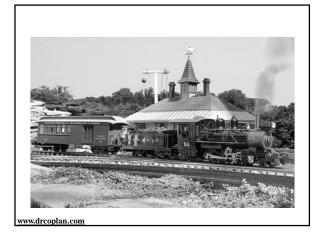


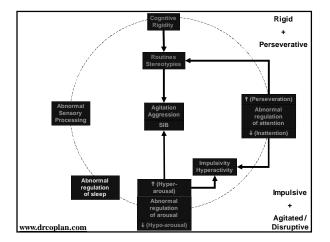




# **Atypical Neuroleptics**

Generic Name	Brand Name	Comment
Aripiprazole	Abilify	Relatively less risk of weight gain     FDA approved for Rx of ASD
Clozapine	Clozaril	Bone marrow suppression
Olanzapine	Zyprexa	Greater risk of weight gain
Quetiapine	Seroquel	Greater sedation
Risperidone	Risperdal	Greater risk of weight gain     FDA approved for Rx of ASD
Ziprazidone	Geodon	Relatively less risk of weight gain





# Regulation of Sleep - 1

- Melatonin
  - Brain hormone
  - ★ Metabolic rate (Heart, Temp)
  - "You're sleepy now"
- Suppressed by light
  - 24 hr cycle
  - Seasonal cycle

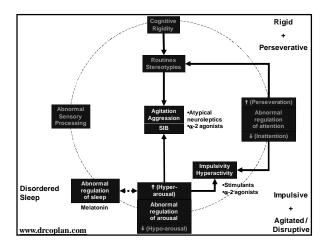
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# Regulation of Sleep - 2

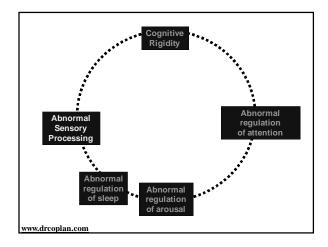
- Abnormal melatonin cycling
  - Primary disorders of sleep
  - Blindness
  - ASD
- Symptoms
  - Delayed onset of sleep
  - Shortened duration / frequent wakening

# Regulation of Sleep - 3

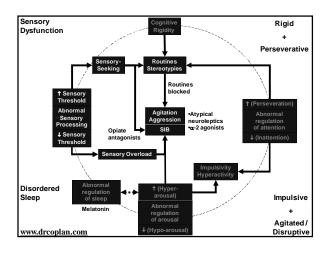
- Shared genetic control
  - Regulation of sleep
  - Regulation of arousal
- Family history of sleep disorder







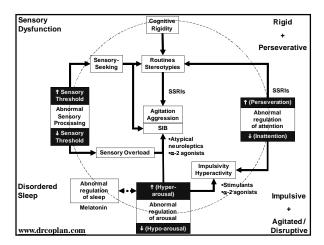




# The whole is greater than the sum of its parts

Max Wertheimer

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# **Summary**

- Why this child?
  - What is this child's developmental Level?
    - Is this stage-appropriate behavior?
  - Does the behavior serve a social function?
    - Escape, access, attention
  - Is the classroom placement appropriate?
    - Language level?
  - Does this behavior occur in other settings?
    - Family factors?
      - Parents consistent at home?
      - Parental psychopathology? (Anxiety, Depression, Alcohol)

### **Summary**

- · Why this child?
  - Neuropsychological factors?
    - Cognitive Rigidity
    - Dysregulation of attention
    - Dysregulation of arousal
    - Sensory Seeking / Sensory Overload
- Behavioral Intervention Usually
- · Change in classroom setting sometimes
  - Shift from rote to inferential learning (2<sup>nd</sup> 3<sup>rd</sup> grade): challenge
- Medication: Sometimes

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# An ounce of prevention....

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



Thank you

3 minut 3 minut 3 minut (5 Ciglan 5 minut (5 Cig	WWW.drcoplan.com  JAMES COPLAN, M.D. Assister and Speaker  Making Sense of Autostic Spectrum Disorders  Welcome  James Coplan, MO -internationally recognized circulations speaker in the fields or dependent of the company of the development and autistic spectrum and autistic spectrum
	CEC 2012 CONVENTION & EXPO DETIVER_CO April 1144, 2012 C Copian has been selected to present at the 2012 CEC (Council for Exception Children) Annual Committee Committ