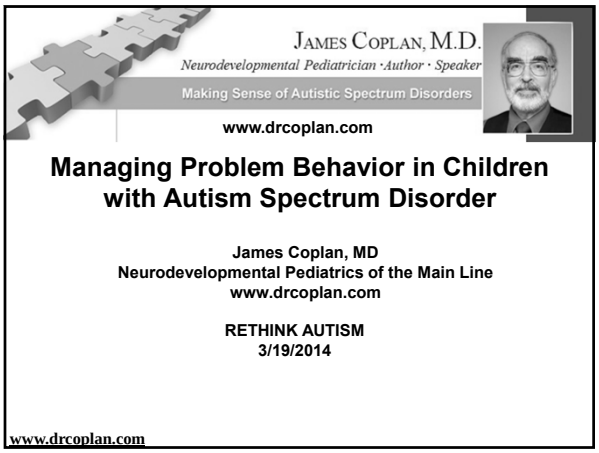

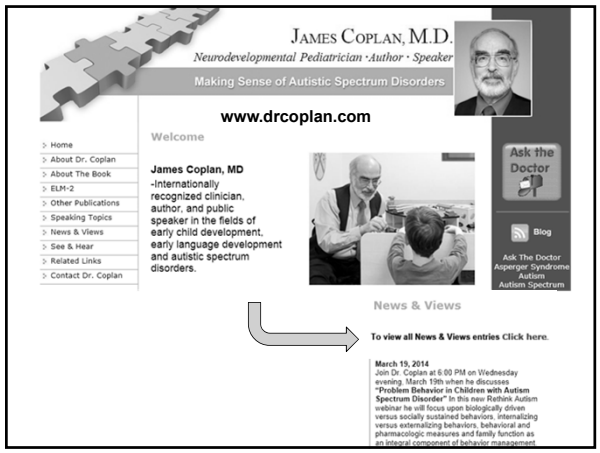

Disclosures

- 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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Some "Problem Behaviors" in children with ASD

- Lack of initiative or persistence
- Inattention
- Hyperfocus
- Task Avoidance
- Noncompliance
- Verbal Aggression
- Physical Aggression
- Self-Injurious Behavior

Some "Problem Behaviors" in children with ASD

- Lack of initiative or persistence
- Inattention
- Hyperfocus

Executive Function:
"Go / No-Go"

- Task Avoidance
- Noncompliance
- Verbal Aggression
- Physical Aggression
- Self-Injurious Behavior

Basic Premises

- **Behaviors or internal states may be *biologically driven*, *socially driven*, or *both***

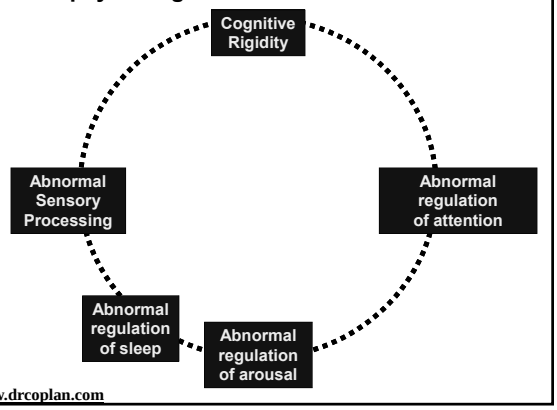
Basic Premises

- **Biologically driven behaviors / states**
  - Often occur irrespective of environmental contingencies
  - Do not necessarily serve a social function
  - May be outwardly visible, or may occur as internal neurobiological states
  - Specific behaviors / states are linked to specific brain regions and neurotransmitters

Basic Premises

- **Biologically driven behaviors or internal states: Examples**
  - Hunger / Satiety
  - Fear
  - Arousal
  - Anxiety
  - Depression
  - Complex behaviors (Tics, Compulsions)

Neuropsychological Traits in Children with ASD



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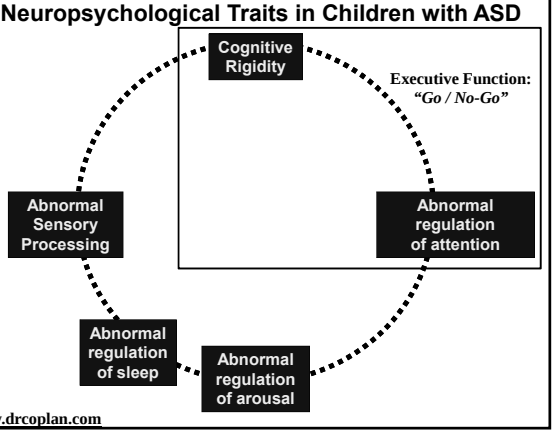
Neuropsychological Traits in Children with ASD



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Basic Premises

- **Socially driven behaviors / states**
  - Occur in response to environmental contingencies
  - May or may not be externally visible
    - Ex: Sadness vs. crying
  - Serve a social function
    - Attention
    - Access to desired objects or activities
    - Escape from undesired activities
    - And many others….

Basic Premises

- **Biologically Driven and Socially Driven systems interact**
  - Ex: Task mastery takes longer in children with biologically based developmental delay, affording them with more opportunities to discover that tantrums or SIB are great ways to escape from tasks

Basic Premises

- **Either the *cause* or the *function* of the behavior (or both) may be a mix of biological and social factors**

Grooming Behavior
- **Social bonding**
- **Stress reduction**

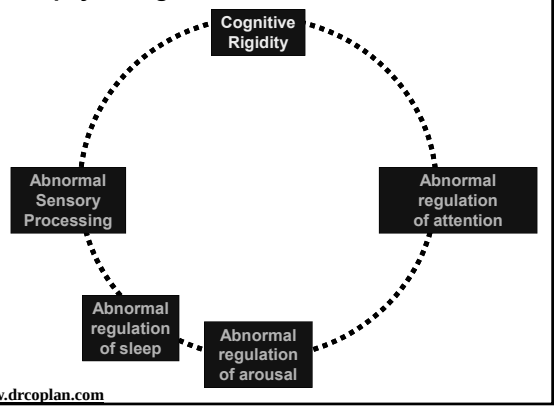
Forms & Drivers of Behavior

Form→ Driver ↓	Internal State	External Behavior
Biological	Hunger, Thirst, Satiety Fear Arousal Pleasure Pain Anxiety Depression Obsessions Etc.	Hyperventilation Diaphoresis (sweating) Piloerection (hair on end) Pupillary dilatation Goal-seeking (food, water, peer group; mate) Aggression, SIB Tics, Compulsions Etc.
Social	Anxiety Arousal Fear Pleasure Happiness, Sadness Etc.	Attention-seeking Goal-seeking Task-avoidance Aggression, SIB Laughter, Crying Etc.

Basic Premises

- **Intervention**
  - **Should address:**
    - **Internal and externally visible behaviors / traits / states**
    - **Biological and social dimensions**
  - **May requires pharmacologic as well as behavioral measures**

Neuropsychological Traits in Children with ASD



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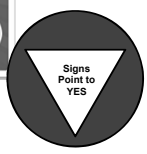
Cognitive Rigidity

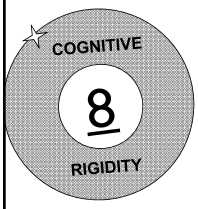
(Difficulty shifting mental sets)



- **Without a doubt**
- **Reply hazy, try again**
- **Signs point to NO**
- **Better not tell you now…**

First sort by: Size / Color / Shape, Then *switch* to Color / Shape / Size

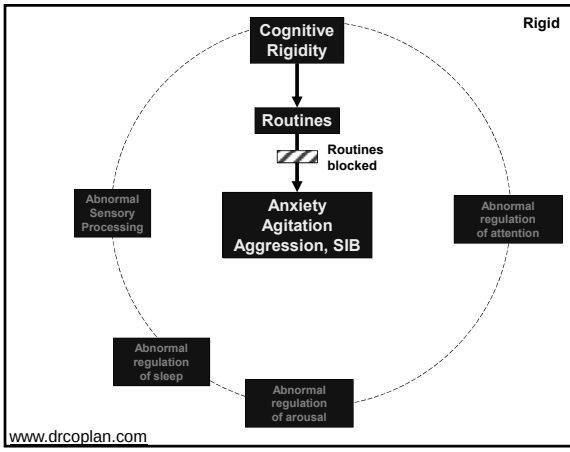
Cognitive Rigidity
(Difficulty shifting mental sets)



"Externalizing Behaviors"
- ***Insistently*** **repetitious behavior**
- **Difficulty with unmet expectations**
- **Perfectionism**
- **Compulsions**
- **(Aggression, SIB)**

- **Perfectionism**
- **Obsessions**
- **(Anxiety / Depression)**

"Internalizing Behaviors"



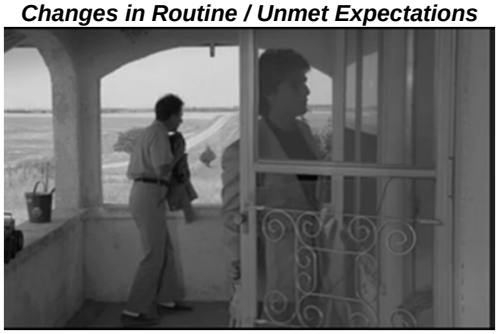
Cognitive Rigidity →Anxiety → Disruptive Behavior

"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

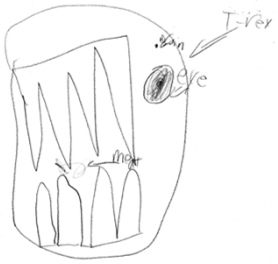
MRN 12-0782

Cognitive Rigidity:
Changes in Routine / Unmet Expectations



www.drcoplan.com ***Rainman*, 1988**

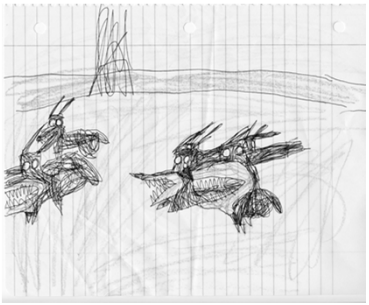
Anxiety



RM: 9 y.o. boy: ASD, normal IQ, anxiety d/o, disruptive behavior.
Mother: Anxiety D/O; PGM hoarding & OCD

www.drcoplan.com MRN: 10-0642

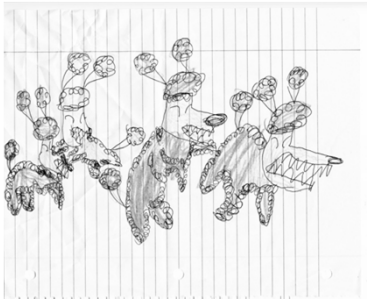
Anxiety



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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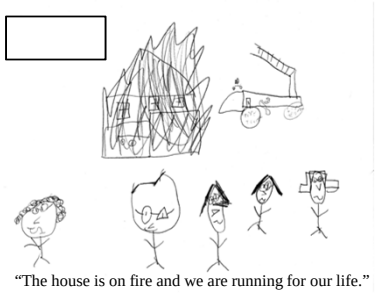
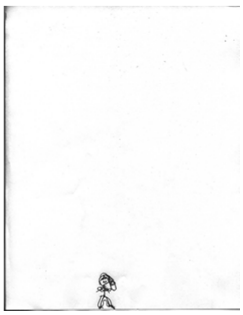
Anxiety



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

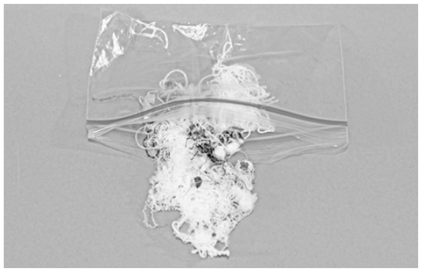
A.W.: 9 year old boy with PDD-NOS and normal IQ (MRN 11-07710

Depression



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

Compulsions

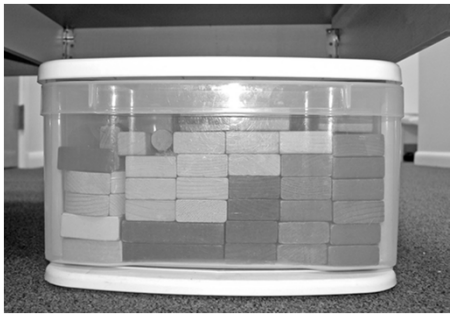


15 y.o. boy Asperger Syndrome

MRN: 05-0096

Perfectionism

Perfectionism



Perfectionism

Anxiety, Perfectionism, and Disruptive Behavior

B was cooperative and motivated to do well …However, he became increasingly frustrated as the testing progressed… This resulted in a cycle where he repetitively vocalized his need to complete the task and then became angry and frustrated by the questions he was being asked. Even after he was told that he did not have to complete the task it took him about 15 minutes to accept this and leave the office with his mother…. 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 esccape a difficult task. When faced with tasks that he perceives as 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

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")?**

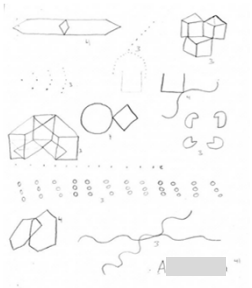
The Story of Billy's Box - 2

(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."

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.

Pearl

- **Self-Injurious Behavior *reduces stress***

Stress Reduction Kit

BANG HEAD HERE

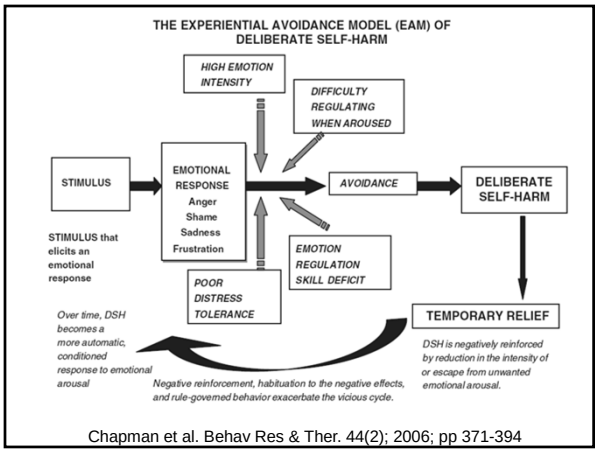
Directions:
1. **Place kit on firm surface**
2. **Follow directions in circle**
3. **Repeat Step 2 as necessary**
4. **If unconscious, cease stress reduction**

Available online at www.sciencedirect.com
SCIENCE DIRECT
ELSEVIER
Behaviour Research and Therapy 44 (2006) 371–394
BEHAVIOUR RESEARCH AND THERAPY
www.elsevier.com/locate/brat

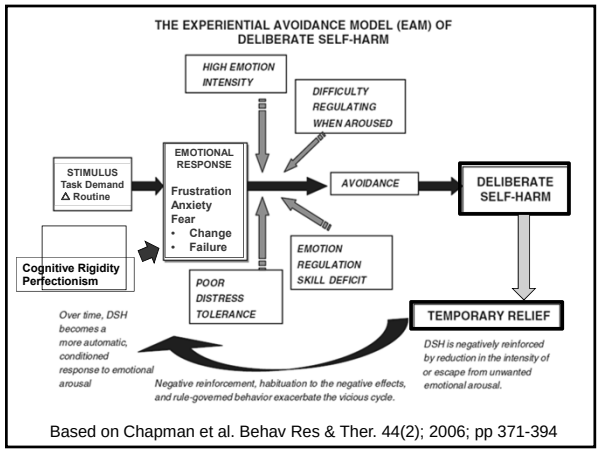
Solving the puzzle of deliberate self-harm: The experiential avoidance model

Alexander L. Chapman[a,*], Kim L. Gratz[b], Milton Z. Brown[a,c]

"Deliberate Self Harm (DSH) is primarily maintained by negative reinforcement in the form of escape from, or avoidance of, unwanted emotional experiences."



Chapman et al. Behav Res & Ther. 44(2); 2006; pp 371-394



Based on Chapman et al. Behav Res & Ther. 44(2); 2006; pp 371-394

Pearl

- **It's not the task *per se* that the child is trying to escape; it's pre-emptive fear of failure**
- **What the child needs is a Positive Behavior Support Plan for *internalizing behavior***
  - ***What would that look like?***

Positive Behavior Support Plan for Internalizing Behavior

- **Staff Awareness**
- **Visual Schedules**
- **Verbal preparation**
- **Relaxation Techniques**
- **Cognitive Behavioral Therapy (CBT)**
- **SSRIs**

www.drcoplan.com

Positive Behavior Support Plan for Internalizing Behavior

- **Staff Awareness**
  - **Do you see two faces, or the vase?**

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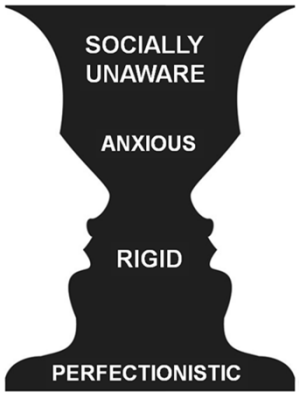

Not seeing the vase

(ignoring internalizing behavior)

ASSESSMENT SUMMARY:

Antecedents to the behavior of concern	Behavior of concern	Consequences maintaining the behavior of concern	Perceived function of the behavior of concern
Denied Access Transitioning Task Demand (individual) Social Situations (competitive)	Tantrum (4 levels) Level of Tantrums: 1. Isolation tantrum: eloping from adults or from the classroom/assigned area, not responding or refusing staff prompting 2. Low frustration tantrum: clenching fists, stomping feet, grunting, whining, crumpling/bending objects, or crying. 3. Physical tantrum: aggression is defined	anxiousness entering into regular education classroom increased academic standards difficulty maintaining focus on instructor and tasks limited time frames for task completion increased expectations for written work	*To gain* Attention *To avoid, escape, or postpone* Academic tasks/expectations

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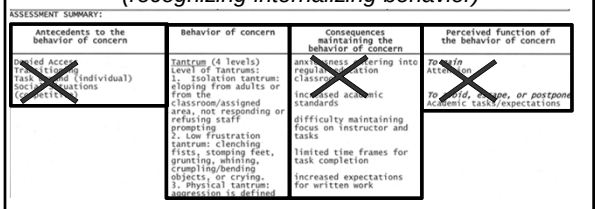
MW; MRN 06-0211

Seeing the vase

(recognizing internalizing behavior)



Antecedents	Behaviors	Consequences	Perceived Function
Task Demand ↓ Anxiety Perfectionism Fear of Failure	Tantrums Eloping Task Refusal SIB	Temporary *reduction* in anxiety via task avoidance or SIB	Avoidance of self-blame for not completing the task perfectly

MW; MRN 06-0211

www.drcoplan.com

Not seeing the vase

(ignoring internalizing behavior)

"We caution against the use of the word "stubborn" to characterize R's classroom behavior. R'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."***

RH; MRN: 11-0717; 7 y.o. male; ASD, Anxiety, Normal IQ

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Positive Behavior Support Plan for Internalizing Behavior

- **Staff Awareness**
- **Visual Schedules**
  - **What am I supposed to be doing do *now*?**
  - **What am I supposed to do *next*?**
  - **What if there's a break in routine? ("oops" cards)**
- **Verbal Preparation**
- **Relaxation Techniques**
- **Cognitive Behavioral Therapy (CBT)**
- **SSRIs**

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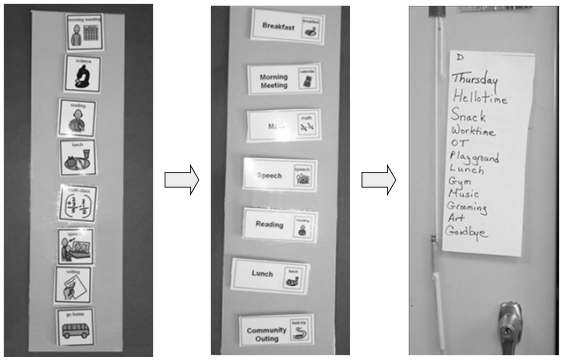
Visual Schedules



Positive Behavior Support Plan for Internalizing Behavior

- **Staff Awareness**
- **Visual Schedules**
- **Verbal preparation**
- **Relaxation Techniques**
  - **Mental Imagery**
  - **Isometrics**
  - **Deep Breathing**
  - **"Break" cards**
- **Cognitive Behavioral Therapy (CBT)**
- **SSRIs**

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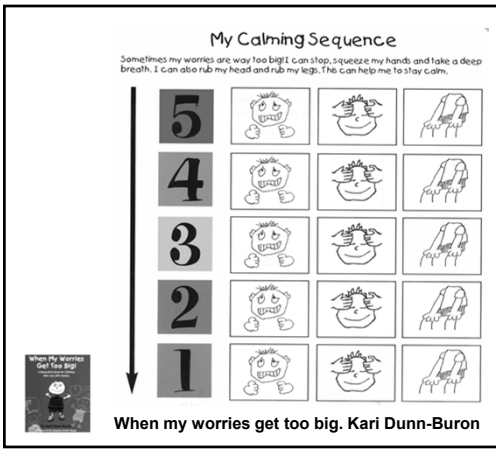
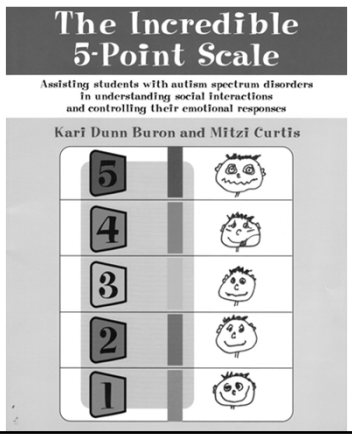
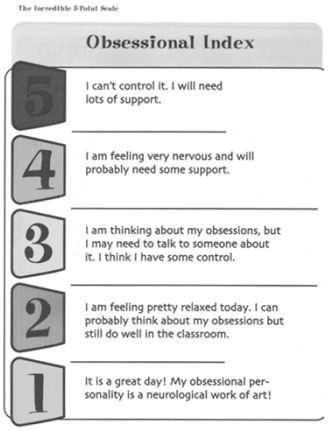
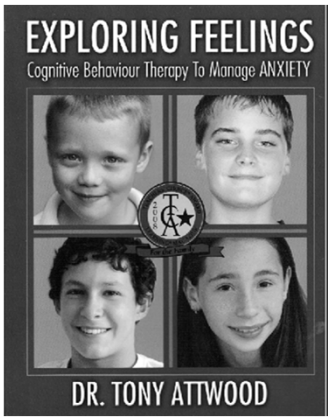


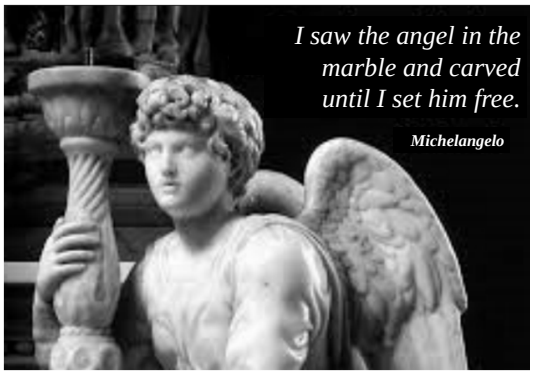
When my worries get too big. Kari Dunn-Buron







Without the chips, no angel!



Positive Behavior Support Plan for Internalizing Behavior

- **Staff Awareness**
- **Visual Schedules**
- **Verbal Preparation**
- **Relaxation Techniques**
- **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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SSRIs in ASDs

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

www.drcoplan.com

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…		

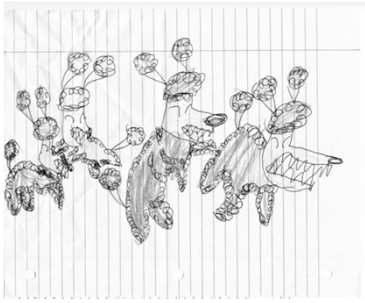
www.drcoplan.com

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
  - 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



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

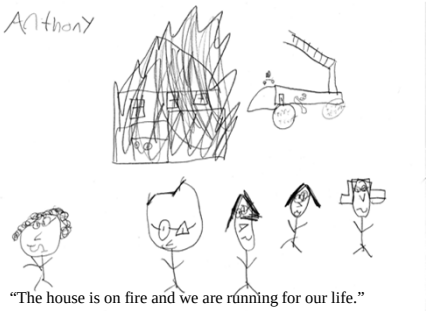
www.drcoplan.com MRN: 07-0427

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



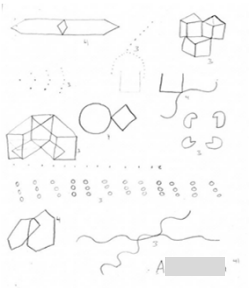
"The house is on fire and we are running for our life."

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

Anxiety, Perfectionism, and Self-Injurious Behavior



Standard Score: 138

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After one week on Sertraline

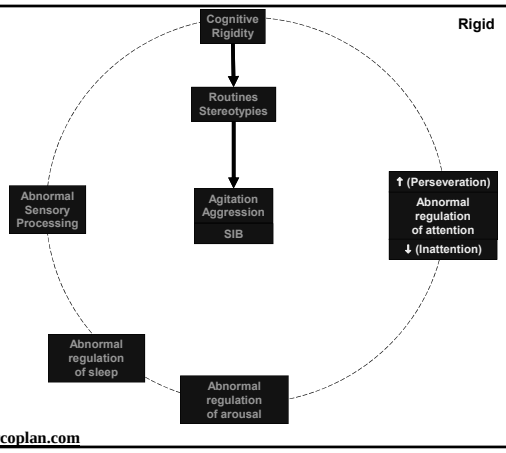
Sent: Thursday, May 31, 2012
To: James Coplan
Subject: amazing shift in A.D.
Importance: High

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 mutiple 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.

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."



Regulation of Attention

Let go & Shift

Attend to stimulus #1 ⟷ Attend to stimulus #2

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Abnormal Regulation of Attention - 1

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

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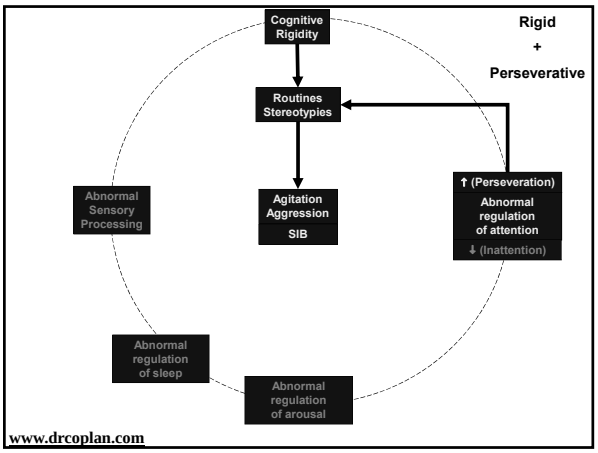

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Perseveration

BL; 8 yr old male, normal IQ; PPD-NOS

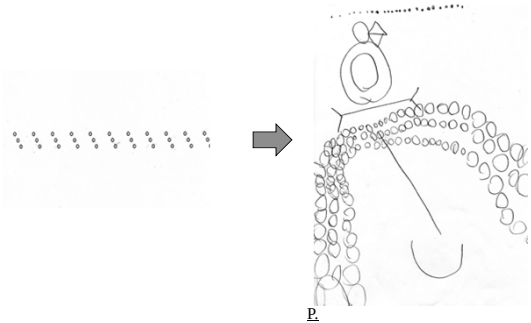
Perseveration

"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

Perseveration



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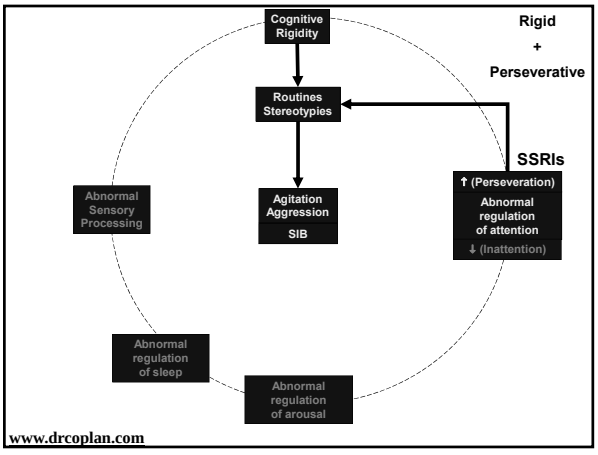

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Abnormal Regulation of Attention - 2

- **Inattention**
  - Inability to focus
  - Impulsive
  - Distractible

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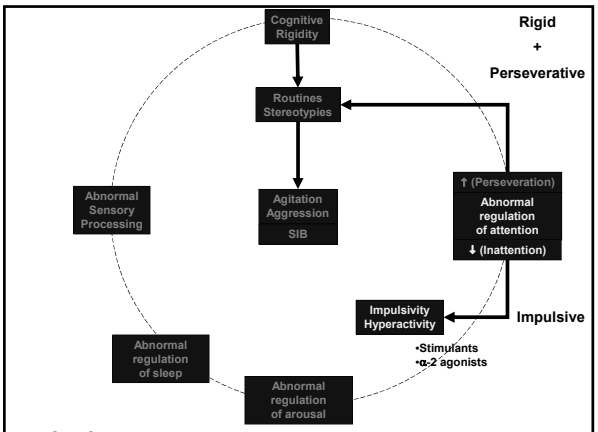

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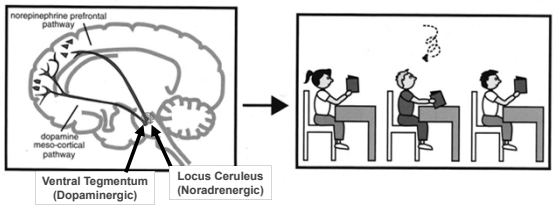
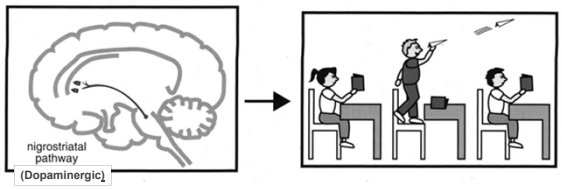
Inattention



Insufficient activation of frontal cortex ➔➔➔ Inattention

Stahl, *Essential Psychopharmacology*, fig 12.1

Hyperactivity



Insufficient activation of frontal cortex ➔➔➔ Hyperactivity

Stahl, *Essential Psychopharmacology*, fig 12.1

Inattention

- **Interventions**
  - Limited stimuli
  - Short work periods
  - Medication
    - Stimulants
    - alpha-2 agonists

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Stimulants, 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

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Stimulants, NRIs

Benefits
- ↑ Attention Span
- ↓ Hyperactivity

Side Effects
- ↓ Appetite
- ↓ Growth
- ↑ Anxiety
- ↑ Agitation
- May "unmask" tics

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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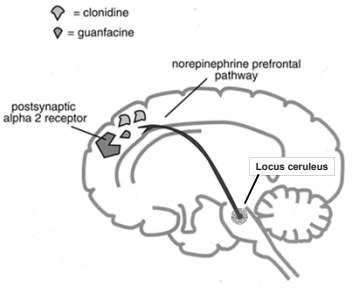
Alpha-2 agonists
(clonidine, guanfacine)



Stahl, *Essential Psychopharmacology*, fig 12.6

Alpha-2 Agonists

Benefits
- ↓ Agitation
- ↓ Hyperactivity
- ↑ Attention Span
- No exacerbation of anxiety / rigidity
- Used to treat tics

Side Effects
- Sleepiness: Common
- Emotional Lability (crying) - occasional
- Hypotension (low BP) - rare

Alpha-2 Agonists

"It's buying him the split second before he reacts."

Parents of a child with ASD, agitation, anxiety, and cognitive rigidity after starting guanfacine.

(ML; MRN 13-0839)

Clinical Pearl

- **Beware of Cognitive Rigidity masquerading as ADHD**
  - **Perseveration on inner stimuli: "Inattentive"**
  - **Perfectionism:**
    - **"Problems w. task completion"**
    - **(Or: Task avoidance!)**
  - **Anxiety:**
    - **"Rushes through work"**
    - **"Out of seat behavior"**

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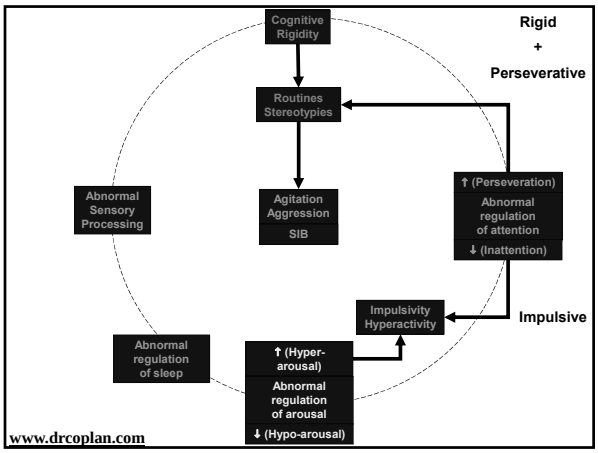

Regulation of Arousal

Hypoarousal
- Lethargic

Calm & Relaxed

Fight or Flight Response

"Red Alert"
- ⬆Adrenaline
- ⬆Heart Rate
- ⬆Resp. Rate
- Combative

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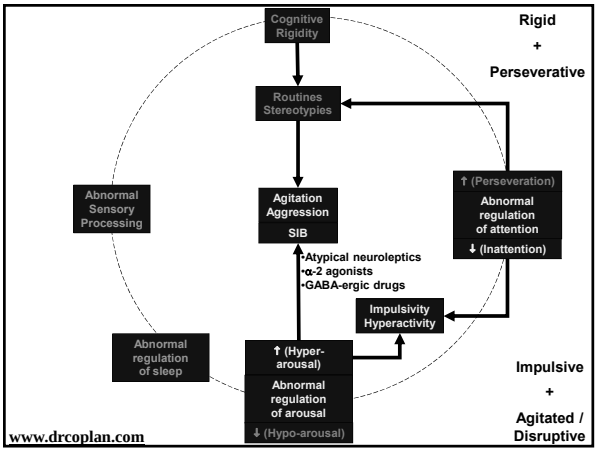
Dysregulation of Arousal & Mood

- "If he gets up on the wrong side of the bed we know it's going to be a bad day."
- "We feel like we're walking on eggs"



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

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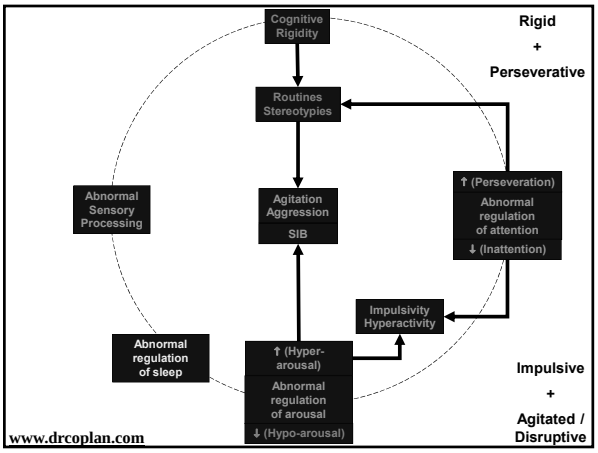

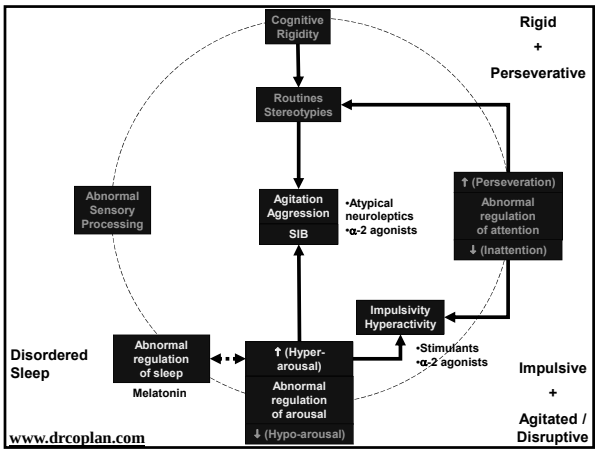

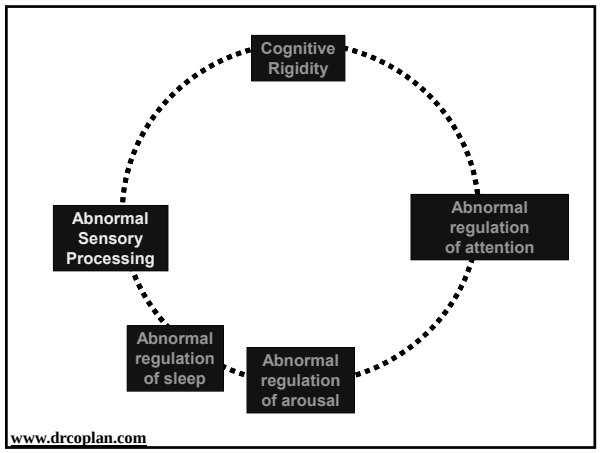

Sensory Processing

- **Subjective Properties**
  - **Familiar / Unfamiliar**
  - **Pleasant / Unpleasant**
  - **Strong / Weak**
  - **Internal / External**
- **Sensory Input ➔ Self-awareness**
- **Mirror Neurons ➔ Empathy**

Mostofsky, S. and J. Ewen, *Altered Connectivity and Action Model Formation in Autism Is Autism*. Neuroscientist, 4/15/2011

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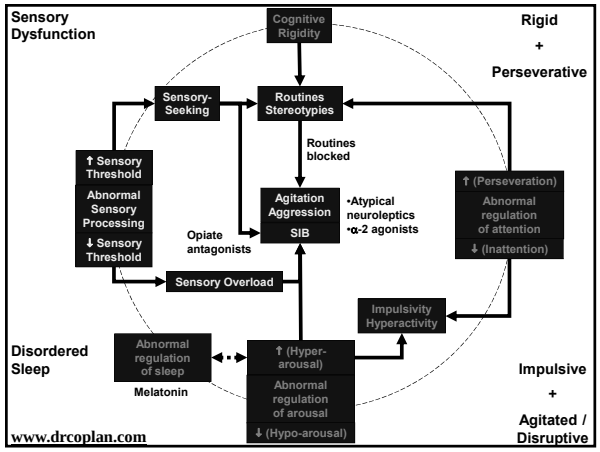

Sensory Dysfunction

- **Sensory-Seeking:**
  - **Chewy tube**
  - **Heavy work / Exercise**
  - **Weighted / compressive clothing**
- **Sensory avoidant**
  - **Ear-buds (noise cancelling**
  - **Verbal preparation (fire drills, e.g.)**

The whole is greater than the sum of its parts

Max Wertheimer

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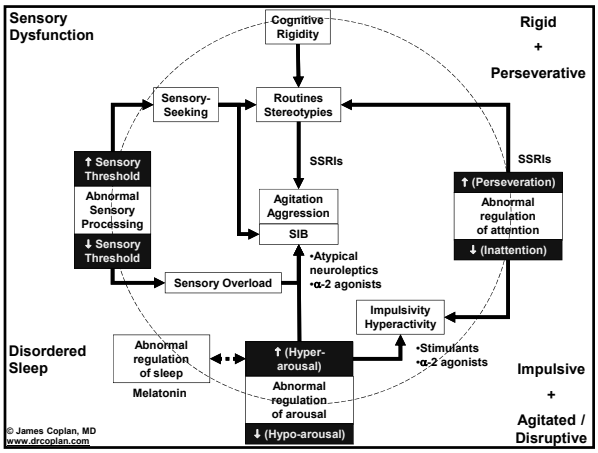

Behaviorism

Behaviorism made simple

STIMULUS (the Antecedent)

↓

RESPONSE (the Behavior)

↓

The Consequence

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Operant Conditioning

Skinner

- ***Experimental manipulation of the consequences for a given behavior alters probability that that behavior will recur.***

Skinner, ca. 1950

http://www.youtube.com/watch?v=SUwCgFSb6Nk&NR=1&feature=endscreen

Consequences 1: Reinforcers

- **Reinforcers lead to an increase in frequency of the antecedent behavior**
  - **Positive Reinforcement (adds something)**
    - **Attention**
    - **Access to desired object / activity**
  - **Negative Reinforcement (removes something)**
    - **Escape from task**
    - **Removal of non-preferred food**
  - **Advanced techniques: Chaining, Reverse Chaining, Fading, DRO, etc.**

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Consequences 2: Aversives

- **Time Out**
  - Only works if child values adult attention
- **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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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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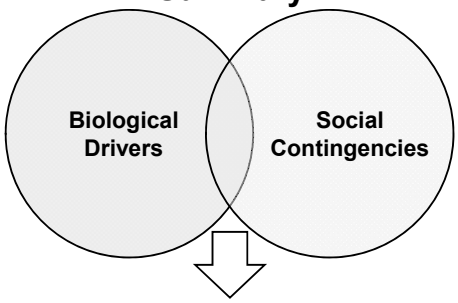
Summary



Internal States and Observable Behaviors

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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

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)

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Summary

- **Why this child?**
  - **Neuropsychological factors?**
    - **Cognitive Rigidity**
    - **Dysregulation of attention**
    - **Dysregulation of arousal**
    - **Sensory Seeking / Sensory Overload**
- **Behavioral Intervention – Usually**
- **△ Classroom setting: Sometimes**
- **Family therapy: Sometimes**
- **Medication: Sometimes**

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