Autism Spectrum Disorders and Co-Occurring Conditions

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Anxiety and Depression Association of America
Annual Conference, April, 2014 Chicago, IL
Disclosure

The speaker is a senior clinician at the Behavioral Therapy Center of Greater Washington.

She has no relevant financial or nonfinancial conflict of interest relationship to disclose.

Ms. Vavrichek is the author of *The Guide to Compassionate Assertiveness: How to Express Your Needs and Deal With Conflict While Keeping a Kind Heart*
Summary of Presentation

1st Half:

What’s new in the field of ASD
Current understanding
Treatment interventions

2nd Half:

Case Example, Audio Recordings
1) Lee, Age 19
2) Lee, Age 24
3) Lee’s Parents

Q&A
Objectives

1. Identify the three disorders in DSM-V now under “ASD”
2. List two common co-occurring conditions
3. Describe one research finding
4. State three clinical interventions
DSM-V

Autism Spectrum Disorders (ASDs) 299.00

Subsumes:
Autism
Asperger’s Syndrome
Pervasive Developmental Disorder NOS
Diagnostic Criteria

Symptom Clusters
1) Social: Communication/ Interactions

2) a. Restricted Interests and/or
   b. Repetitive Behaviors

Other Criteria
3) Present by early childhood
4) Causes functional impairment
✓ With/Without Intellectual Disability

✓ Known Medical or Genetic Condition

✓ Co-Occurring Neurological, Mental, and Behavioral Disorders
Co-Occurring Conditions

 ✓ Anxiety Disorders, including phobias
 ✓ Obsessive Compulsive Spectrum: OCD, Scrupulosity, *Tourettic OCD*, Tourette’s Syndrome, Tics, Body Focused Repetitive Behaviors (BFRBs)
 ✓ ADHD, Learning / Language disabilities
 ✓ Depression
Level of Support Needed

Social communication:
1. support
2. substantial support
3. very substantial support

Restrictive interests/repetitive behaviors:
1. support
2. substantial support
3. very substantial support
Example: Lee

Autism Spectrum Disorder 299.00. Associated with Obsessive Compulsive Disorder 300.3 and Excoriation (Skin Picking) Disorder 698.4

Without Intellectual Disability

Requires support for deficits in social communication and support for repetitive behaviors.
DSM describes what ASDs look like on the outside,

But what is happening on the inside?

The place to start: how does the “autistic brain” work?
Current Theories

Uneven or disruptive development in certain parts of the brain, or …inefficient communication between brain regions, or both, as reflected in a particular cognitive style.
Cognitive Styles

**Empathizers:** big picture, focus on people, relationships, emotions, and complex social interactions, process

**Systemizers:** detail oriented, analytical thinkers, good at mechanical reasoning, able to organize, sequence objects / facts, seek out rules and patterns, at their own pace, seek completion

(S. Baron-Cohen)
Continuum of Cognitive Styles
Cognitive Strengths

Steven Wiltshire
“visual realistic”

6 y/o Ainan Cawley
“word thinker”

Guess who?
“pattern thinker”
All you’ve done is chisel all day! Do something useful, like helping your brother drag those rocks up the hill.

Intense focus, logical reasoning, attention to detail
Personal Strengths

Refreshing honesty/openness, sincerity
Strong sense of ethics and integrity, want to do the right thing—tend to be scrupulous
Passion, engagement, and knowledge or skill in certain areas
Despite Strengths, Vulnerabilities Make Life Difficult
Vulnerabilities

Sensory/motor – hypo-, hyper-sensitivity, clumsiness

Language - Concrete, literal, some idiosyncratic vocabulary, phrasing

Cognitive - Problems with “self-monitoring” and Theory of Mind (ToM)

Emotional – Overwhelmed by strong emotions, limited coping skills…. 
Overwhelmed by Strong Emotions

Feel things deeply
Freeze, fight or flight reactions
Combined Vulnerabilities

Sensory Issues + Concrete Language + Cognitive “Unevenness” + Emotional Dysregulation = Social Challenges

Perfect Storm
Social Challenges

Difficulty joining in, tuning in, participating; tend to seek comfort by turning inward
Can be hard to be around. May be blunt, insensitive to needs of others; may tease, but are rarely aggressive --almost always in reaction to feeling wounded by others.

Most are lonely, yearn for friends. Are naïve--can be victimized, exploited, bullied.

(Shapira, Washington Post)
Life With ASD is Not Easy

Confused, criticized, misunderstood, unappreciated, frustrated, hurt, angry

Are often underachievers, want to do better

Have strong desire to be supported and understood.

Clinicians and researchers are trying to help.
WANTED

Clinicians to meet the needs of growing ASD population
Why People Seek Help

Children—often behavioral or anxiety problems. Many have had ABA, speech / occupational therapy, and special education services

Teens—social and emotional distress, Concerns about college

Adults—relationship, job issues, may be undiagnosed
What Can Help: Structured Sessions

Positives at beginning of each session
Review homework
Prepare schedules, check-lists
Invoke social rules

Increase Motivation: Point systems/allowances, Premack

New Homework—Write it out for them—apps?
Visuals

9/10/10

before

burn

work path

detour to dead end

think every scene goes black don’t see it and do

in more steps thinking about it in other words

ice cool off

AFTER

Oh I’ll get out of this way...

(Cut the scene — goes black
then go back to real life and
what you were doing before)
Emotional Support

“You are just as good a person as anyone else”

“I’m on your side; I believe in you”

“Let others see you the way I do”

“That was such a smart idea!”
Cognitive Reframing

(To manage depressive rumination)

“You did the best you could at the time”

“You were younger then…you’re older and stronger now”

“They didn’t understand / know better”
CBT Skill Development

Emotional regulation
Conversation skills
Coping skills
Problem-solving skills
Also need help with...
Grooming/modesty/self-care skills
Scripting

Scripting – Give them words to memorize and repeat to themselves. Builds on strengths: visuals, memory. Protects them from getting caught off guard.

Examples:
Social Stories (Carol Gray, see Sohn (2005) in References
Coping (index) cards on mirrors, in notebooks, put into devices
Scripts About Self / Others

“Like everyone else, I have strengths and weaknesses”

“I can develop inner strength and tame my emotions”

“Being flexible is good for me—I can learn patience”
Scripts About Rules

Some things are not a choice

I can’t always get what I want—but I can handle it

My parents have to be in charge in order to do their job
Research

www.sfari.org
www.nimh.gov
Etiology

Many questions remain. But now established: ASDs caused by problems that occur before birth. Environmental toxins, e.g., link between pregnant mother’s use of seizure meds (valproate) and autism in offspring. R/O vaccines or other factors after birth.
Genetic Mutations

Extra, deleted, or rearranged copies...

500+ genes

9 chromosomes

Mutations that can cause ASD or traits can occur during formation of sperm/eggs or during fertilization.

Potential risk: older parents, esp. fathers.
Impact on Brain Cells

Environmental and/or genetic mutations affect fetus’ developing neuro-endocrine system—mirror (ToM, empathy) spindle neurons (inter-regional communication) being investigated

Focus on synapses and neurotransmitters: connectivity between regions of the brain—(Uddin)
Medications

No ASD silver bullet...but:
✓ Depression, Anxiety, OCD: SSRIs
✓ Anger outbursts: Neuroleptics
✓ ADHD: Stimulants
✓ Tics / TS / BFRBs: Alpha-2 Agonists

Promising research: oxytocin nasal spray, N-AC
Reasons For Optimism

Brain plasticity:
The brain is a learning machine
Developmental process--maturation

People w/ASD can:
build on strengths
learn new skills
be happier
Case Study: Lee
Began Tx Age 16, Now 24
Basic Information About Lee

High functioning autism

OCD – Contamination (bathroom, touching trash cans)

Emotional dysregulation (when younger, tantrums, some aggression)
What Can You Tell Me About AS?

I’m smart. Interested in computers, TV; aware, sensitive because of it. I could be a loner?

What does that mean, to be a loner?

It could be hard-friends-may disagree on things. But I need to remember that people can respect each other even if they disagree. Learned it in school. I would do well to remember it.
Things you’re good at:
I’m good at solving puzzles, chess, sudoku. Still working on it.

Ever gotten in trouble?
Earliest memories—hit other people when younger. First I didn’t know, then feelings were so strong, so young, and I couldn’t help it. It took me a while, longer to get used to things. I knew I had potential to be smart, could become more smart but more slowly—do things at my own tempo.

...also good at art, music, math, spelling
Described memories of unusual math and spelling abilities as a young child

I kind of liked the letter X and the color green—my eyes are green—liked to carry green things, esp. X around with me.

Things I like about you: kind, honest, caring. Pleasure to work with you.

Wow…that’s… great.

Felt that way ever since I’ve known you...happy to work with you & family to have things go smoothly for you.
Anything in our work that’s been helpful?

*Write down good things--be happy, could help.*

Chart and point system--has that helped?

*My life has been going great ever since we started doing it.*

Your father said you remember most of the things, even without the chart.

*I think a schedule is a good thing.*

I use a schedule, too.
(Began to talk but...) his foot hit a tippy table, it fell over and set off alarm clock. He got upset--concerned about what people would think.

Discussed it a bit...Agreed to explain that it was an accident.

Asking for more advice from Lee on how adults can help people w/ ASDs.

Find out what the kid likes to do. No. 1 priority. Then to practice skills.
Feelings. How to help people who are sensitive or who get very upset about things that might be small to other people:

Tell them that most people don’t get upset about these things. Ask how come you are upset so they can deal with the problem so they can bring things to an end so everything will be OK….Go on and deal with the problem.

Anything else?
My life has been full of...a wide variety of things...other people like me....So many awesome moments.

Awesome but other moments...

Ups and downs. Just like “every people,” but more of an impact on me. Good in some ways, some drawbacks. I just have to do the best I can and find success.

You have already found a lot of success. Thank you for being so kind and generous.

INTERVIEW ENDS
Lee Over Next Few Years

During the next few years OCD, behavior improved.

Family decreased sessions, then ended treatment—worked with a male therapist in his area and also hired in-home aides.

Age 24: After college graduation returned to therapy with me—focus of work: OCD.
Focus of Clinical Work

OCD-contamination (trash, urine, feces)—decreased actual washing but…rituals touching faucets, hand sanitizers, etc. for hours.

Goals-focus on decreasing bathroom rituals and use public restrooms.
Interview #2, Age 24

Could you talk about what you’ve been doing and what you’ve accomplished over past few years?

(Lots of specific detail)

*I want to take some time off* (misses having vacations) before looking for work

*Doing artwork*
What about OCD and the people who help you at home?

*They help me get organized...do what I need to be doing...go out and have fun.*

*Working on OCD--virtually getting things better so I am more like everybody else.*

**Meds increased:** *Help me feel happier.*
What about OCD?

I spend a bunch of time doing stuff I shouldn’t be doing...touching stuff like nobody else does, like faucets.

After using bathroom?

Trying to get so that I don’t spend so much time there. So far it’s helping. I have a good feeling about it.

Resisting?

Yeah, I do it all the time now. I just never mind it and move on...just move things along.
What about bathrooms outside of home? Described sitting down / standing up.

*I want to be able to use the bathroom)* just like everyone else....Complicated but can work my way through it.

At movie theater I just used toilet paper and paper towels and just cleaned myself up [small repetition under his breath, completing the thought].
Also, NYC—had my pants up. Worried that won’t make it to the bathroom on time. Nobody likes that when it happens. Sometimes I still might not make it in time but I manage to get out of it fine. So it’s OK. Very rarely. Sorry about that [embarrassed].

Maybe because you hold it for so long.
I’m busy. I guess I just want to spend more time with my family because I love them so much.

Advice for professionals?

Advise them to do the same things that we are doing because it seems to be working so everything can go according to plan.
Incentive plan: Brave (Exposure)

I do stuff that’s rewarding. Serves as allowance—can earn games or movies. Helps you to refrain from doing rituals.

I’ve been racking up points like there’s no tomorrow—been doing tons of exposures right now in the process of being happy and not worrying about it.
Point system and temper outbursts:

I don’t really do that. My parents are over that... We went through it... I might have lost a few points but it’s not that bad... I get upset and yell when I’m trying to do some stuff—OCD—we’re working on turning down the volume.

I complimented him on the term.
[Explains the shouting]:

*My room and bathroom are far away from rest of the house* (yells to let them know he’s working on his OCD, not that he’s mad). *I don’t want to yell because...if my parents could hear me without my yelling that would help a lot*

[I didn’t know this]
Thanked him, complimented him about his qualities and looking towards the future.

INTERVIEW ENDS
Parents

Parents: Debi and Michael
Both work in music industry
Mo: Performer, songwriter
Fa: Manager of a music venue
Hx of Asperger’s traits on both sides of family
No other children
Interview With Parents

Introduction: Debi and Michael—challenges, what has helped.

Mo- Overlap-hard to separate out. Doesn’t always respond to certain treatment. Also, presents differently at different ages—e.g., OCD-when young, he had to open every door.

Fa- Patience, patience, and patience. In the main-the condition, not the child--compelled at beginning--little control...
Not trying to upset you. They are struggling.

Mo- Neurologically driven problems.

Fa- Holds true—with support (meds, etc.) now somewhat diminished, but are very strong. Parent and therapist have to realize how utterly compelling they are.

Balancing support and limits
Mo: Really hard—empathy for your child—yet also need tough love if they are going to make progress.

Fa: Huge challenge. Earlier days—dead, jail, dead-end jobs—Integrating them into society no easy task.

Uneven development-musical, artistic, smart, ethical, parents support his talents
**Fa:** Show Business-Used to unusual behavior and ways of being. Cannot be inflexible with these sort of people. Pressure cooker.

**Mo:** Most difficult times—when Lee comes up against forces like himself—rigid thinking, think they can “fix it.” Best-those who can connect with him emotionally, in a positive way.

**Fa:** And roll with the punches.
**Fa:** Meds and early diagnosis biggest tools. Balance of discipline vs coping with some behaviors at a given time. Sense of humor, patience, and flexibility.

**Mo:** Took him to many forms of therapy… Tomatis, food elimination, sensory integration, gymnastics, medication.

**Fa:** What did not help-did well in early HS but became academically overwhelmed…perfect storm
**Mo:** Don’t push these kids into accelerated classes...overwhelming...way too much pressure.

**Fa:** Also ran into a teacher who didn’t understand. Support staff was gutted ... politics. Challenge—need support: aides, teachers, therapists who “get” the individual--all alike and all different.
Parents still have strong feelings about the problems in high school

Mo - Great people when he started HS—then the support staff left in his sophomore year...should be able to move child.

Fa - Had he not had a physical altercation at school we would not have been able to move him where he should have been in the first place.
Importance of parents. Need support and skills and information. You are pro’s. He needs the structure…

*Mo:* If therapist doesn’t work with them in the right way can do more harm than good.

*Fa:* Takes a village

Team-parents are most important. Complimented and thanked parents

*Fa:* It’s a daily manifestation of love.

INTERVIEW ENDED
Food for Thought

Reframing the Conversation:

“The world needs different kinds of minds.” T. Grandin

From Aspies for Freedom website:

“Bright not Broken”

“I'm not anti-social; I'm just not user friendly”
Resources, Page 1

Aspies for freedom
www.aspiesforfreedom.com

Computer apps for kids:
Resources, Page 2

www.autism.com/index.php/prevention

Simons Foundation Autism Research Initiative (SFARI) www.sfari.org

Wrong planet- www.wrongplanet.net
Information, chat, videos on social skills.
Baron Cohen, S. “The Essential Difference: How Male or Female is Your Brain?”
www.guardian.co.uk/life/news/page/0,12983,937443,00.html.

Baron Cohen, S. Autism: Wired for Science?
http://www.youtube.com/watch?v=0s5AOaKp7PI

Butnik, S. Working Memory and Processing Speed in the Classroom http://vbida.org (Applicable to students on the autism spectrum).

Grandin, Temple.
http://new.ted.com/talks/temple_grandin_the_world_needs_all_kinds_of_minds


References Page 3


Lee’s website: www.LeeJaworek.com
Mother’s website: www.DebiSmith.com

Special thanks to Lee and his parents, and to Bruce Vavrichek, Sarah Weden, and Noah Weintraub, for their invaluable assistance.