

# **Autism Spectrum Disorders and Co-Occurring Conditions**

**Sherrie M. Vavrichek, LCSW-C**

**Behavior Therapy Center of Greater Washington  
Silver Spring, MD**

**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

## 1<sup>st</sup> Half :

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

## 2<sup>nd</sup> 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 8

- ✓ 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 9

## **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.

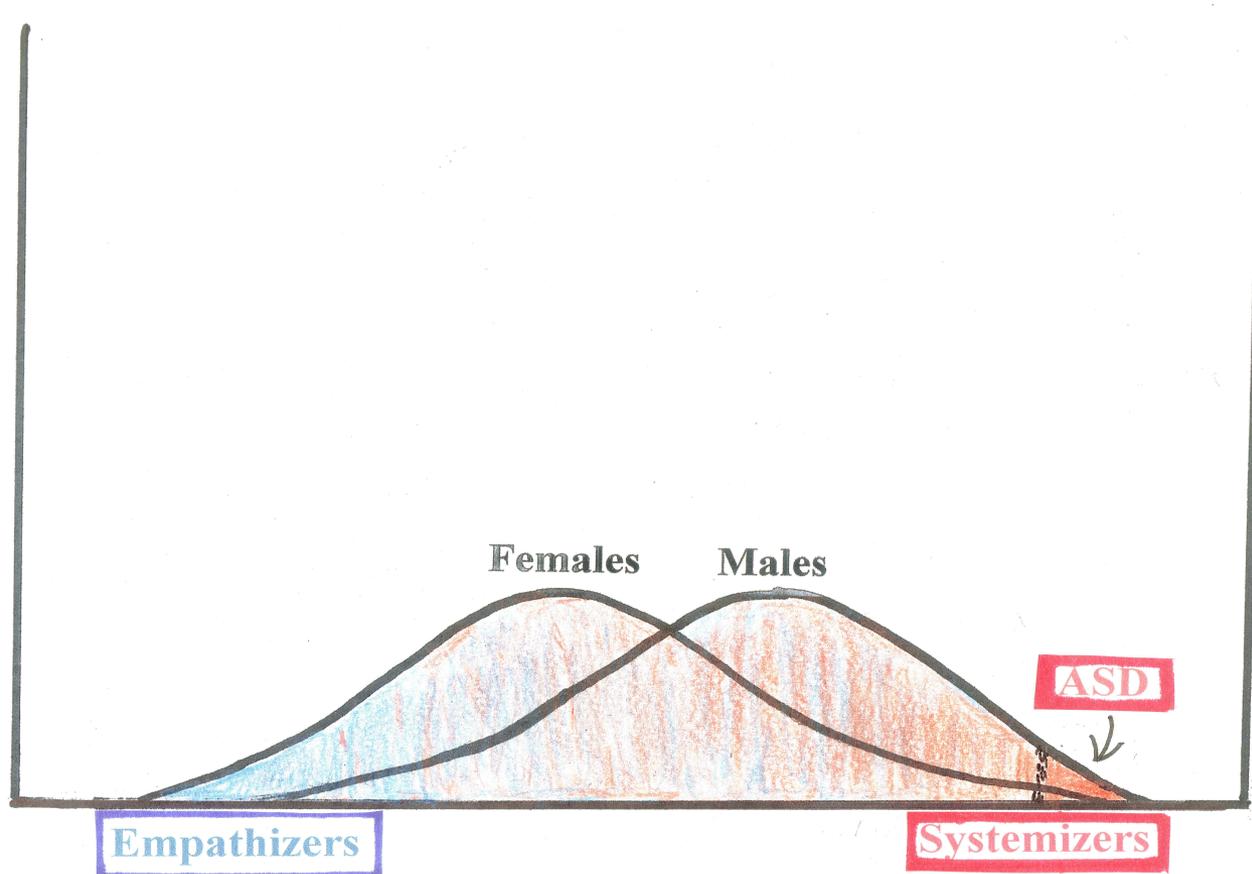
# Cognitive Styles

**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



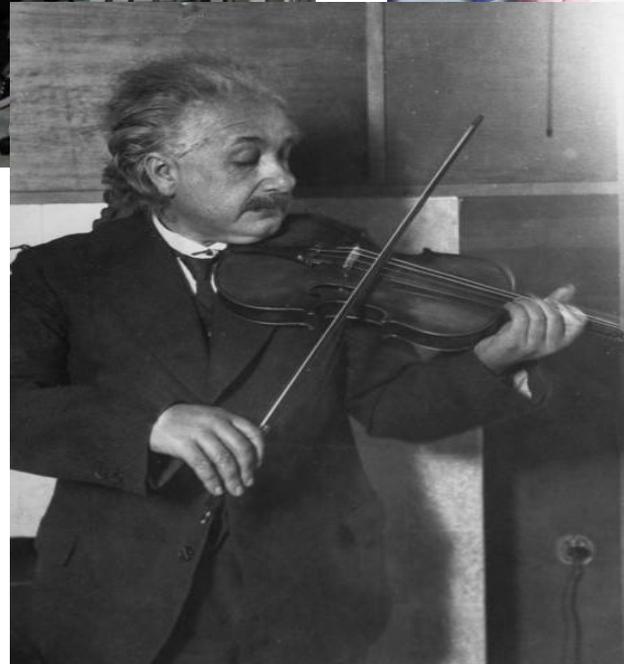
# Cognitive Strengths



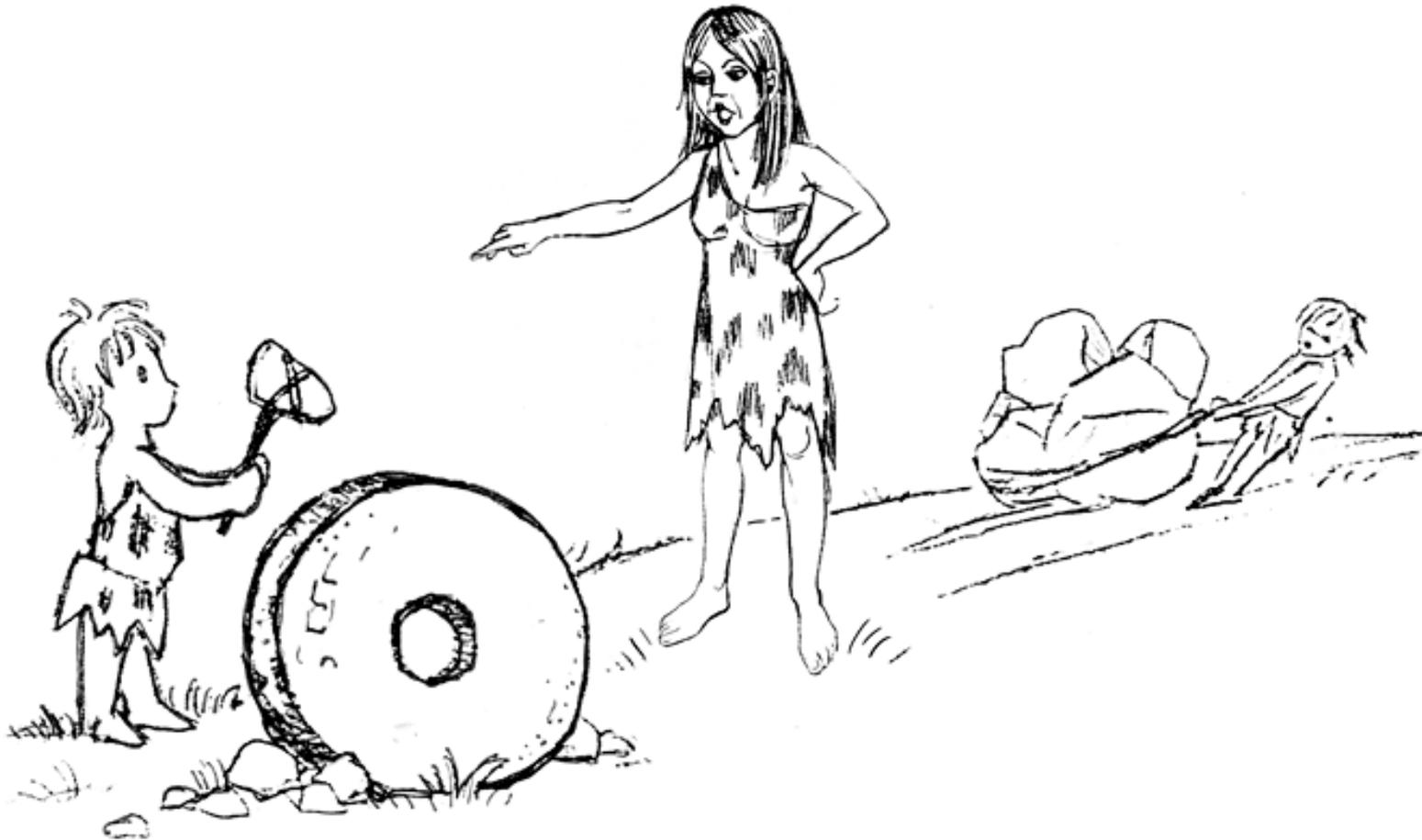
Steven  
Wiltshire  
“visual realistic”



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.

© Marjorie Sarnat

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

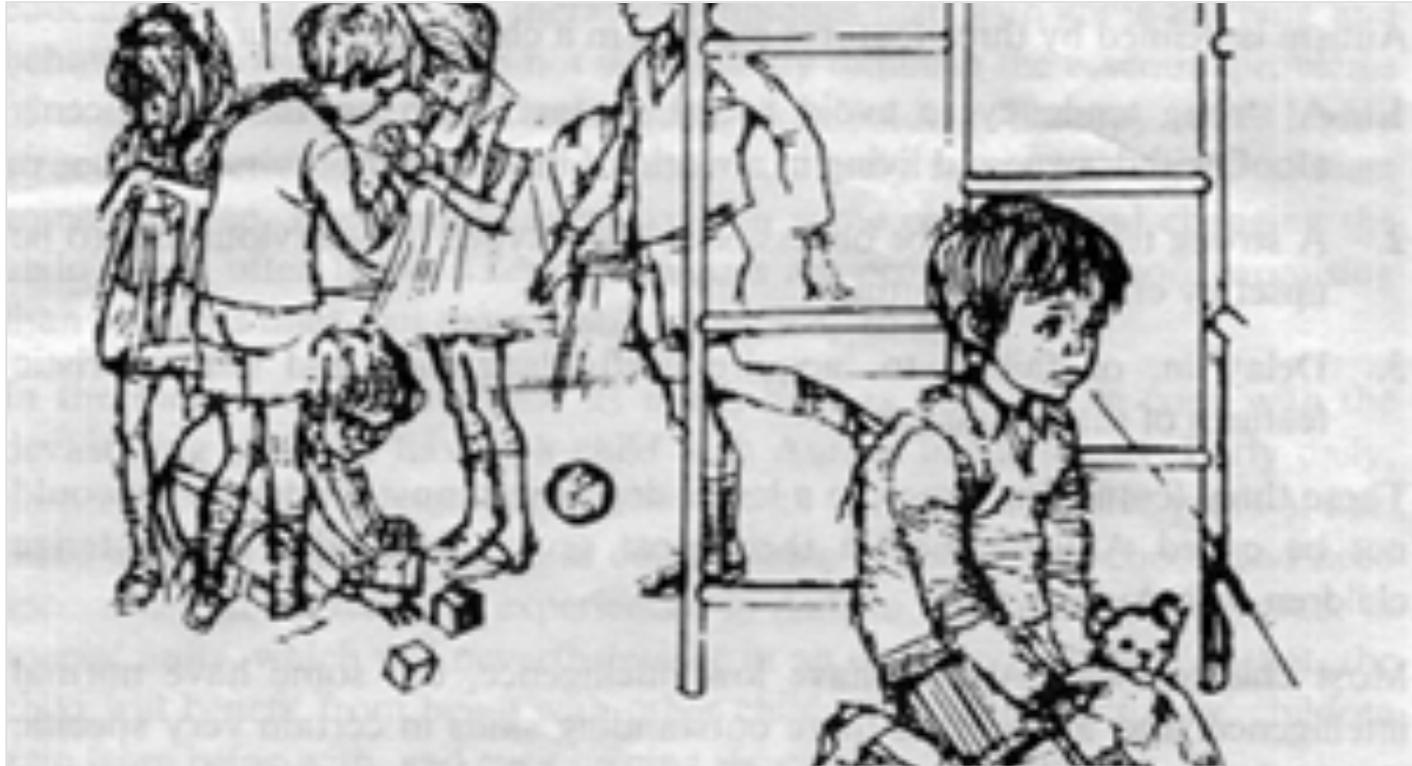
# Combined Vulnerabilities

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**

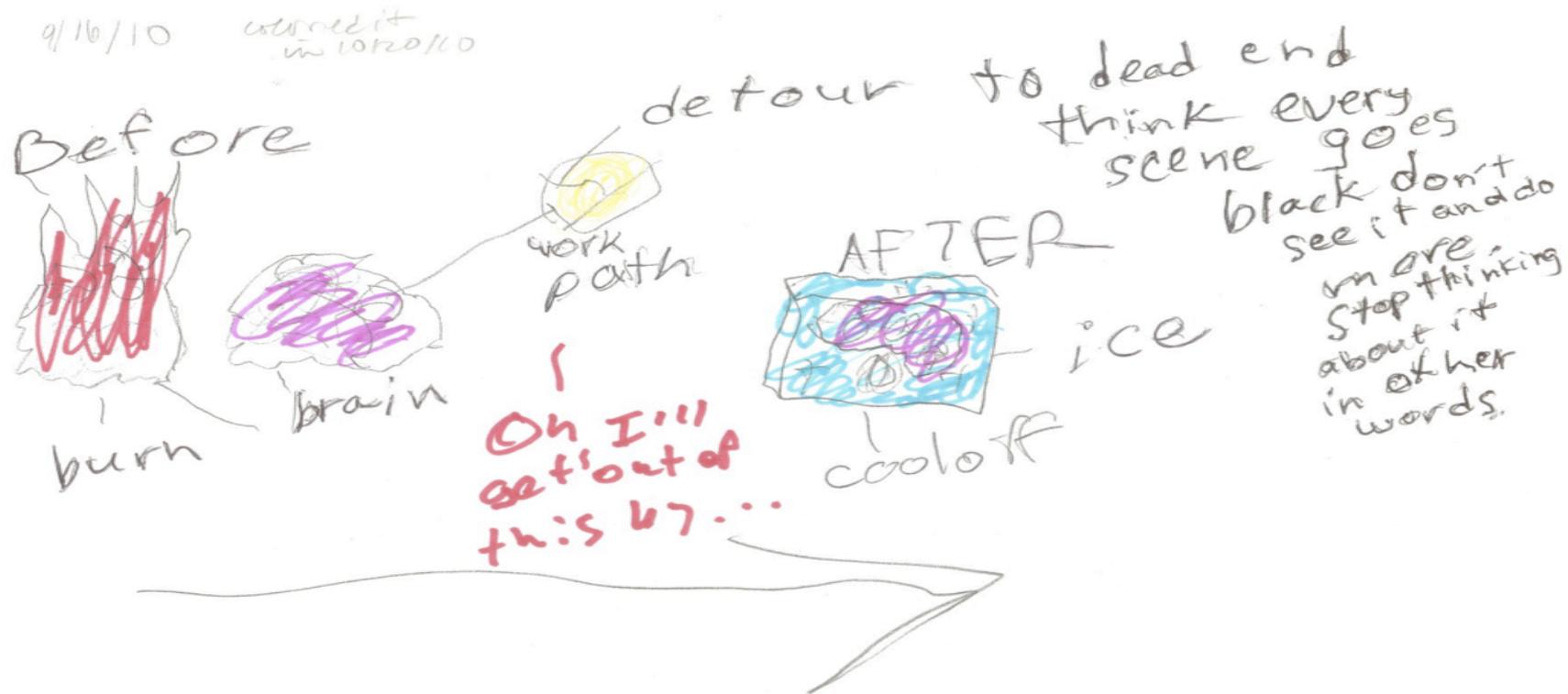
Prepare **schedules, check-lists**

**Invoke social rules**

**Increase Motivation:** Point systems/  
allowances, Premack

**New Homework-**Write it out for them  
—apps?

# Visuals



(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”

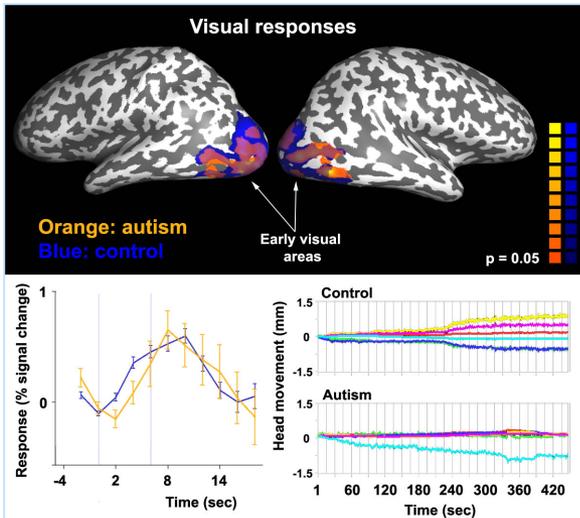
# Scripts About Rules

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](http://www.sfari.org)  
[www.nimh.gov](http://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.

 The image cannot be displayed. Your computer may not have enough memory to open the image, or the image may have been corrupted. Restart your computer, and then open the file again. If the red x still appears, you may have to delete the image and then insert it again.

 The image cannot be displayed. Your computer may not have enough memory to open the image, or the image may have been corrupted. Restart your computer, and then open the file again. If the red x still appears, you may have to delete the image and then insert it again.

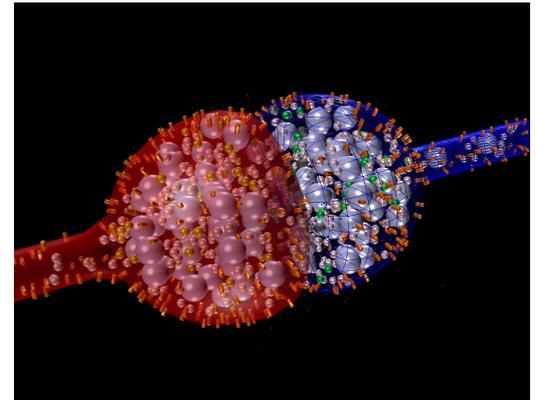
# Impact on Brain Cells

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)

# Interview #1-Age19

## 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.

**Asked 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”

ism  
m disorders



The Chi  
FOUN



Sp

# Resources, Page 1

Aspies for freedom

[www.aspiesforfreedom.com](http://www.aspiesforfreedom.com)

Computer apps for kids:

[http://gadgetwise.blogs.nytimes.com/  
2011/11/29/finding-good-apps-for-  
children-with-autism/?  
\\_php=true&\\_type=blogs&\\_r=0](http://gadgetwise.blogs.nytimes.com/2011/11/29/finding-good-apps-for-children-with-autism/?_php=true&_type=blogs&_r=0)

# Resources, Page 2

National Autism Association. Video regarding immune system.

[www.autism.com/index.php/prevention](http://www.autism.com/index.php/prevention)

Simons Foundation Autism Research Initiative (SFARI) [www.sfari.org](http://www.sfari.org)

Wrong planet- [www.wrongplanet.net](http://www.wrongplanet.net)

Information, chat, videos on social skills.

# References, Page 1

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](http://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](http://new.ted.com/talks/temple_grandin_the_world_needs_all_kinds_of_minds)

# References, Page 2

LaSalle, Janine. 12 Aug. 2012 “Genes and Environment are Two-Way Streets in Autism Risk.” Simon Foundation Autism Research Initiative. [www.sfari.com](http://www.sfari.com).

Mansueto, Charles. and David Keuler. 2005. “Tic or Compulsion? It’s Tourettic OCD.” Behavior Modification, Vol 29, No. 5: 784-799.

National Institutes of Mental Health (NIMH)  
[http://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-pervasive-developmental-disorders/index.shtml?utm\\_source=rss\\_readers&utm\\_medium=rss&utm\\_campaign=rss\\_full](http://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-pervasive-developmental-disorders/index.shtml?utm_source=rss_readers&utm_medium=rss&utm_campaign=rss_full)

# References Page 3

Shapira, Ian and DanaHedgpeth. “Autistic Boy Allegedly Abused by Two Girls in St. Mary’s Considered Them Friends, Mom Says.” Washington Post 12 March 2014: B1. Print.

Sohn, Alan and Carol Grayson. 2005. *Parenting Your Asperger Child: Individualized Solutions for Teaching Your Child Practical Skills*. New York: Penguin Group.

Uddin, L.Q., et al. conceptualizing functional brain connectivity in autism from a developmental perspective. *Front Hum Neurosci*. 2013; 7: 458.

# References Page 4

Weaver, J. *Why Autism Strikes More Boys Than Girls: A gene that interacts with sex hormones may explain the gender gap*

[www.scientificamerican.com/article.cfm?id=why-autism-strikes-more-boys-than-girls](http://www.scientificamerican.com/article.cfm?id=why-autism-strikes-more-boys-than-girls). 19 July 2011.

Lee's website: [www.LeeJaworek.com](http://www.LeeJaworek.com)

Mother's website: [www.DebiSmith.com](http://www.DebiSmith.com)

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