“SCADS” OF CHILDREN WITH COEXISTING ADHD, AUTISM AND ANXIETY

UNDERSTANDING AND TREATING COMPLICATED PROBLEMS WITH SELF-CONTROL AND ATTENTION DYSREGULATION

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PARENT CHILD EXCURSIONS:

SPECIAL TOPICS IN RAISING YOUR CHALLENGING CHILD

(COMING IN 2017)
WHETHER PAUSING TOO MUCH OR PAUSING TOO LITTLE: FIND BALANCE

Aristotle’s Concept of the Golden Mean

<table>
<thead>
<tr>
<th>Deficiency (-)</th>
<th>BALANCE</th>
<th>Excess (+)</th>
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<tbody>
<tr>
<td>cowardice</td>
<td>COURAGE</td>
<td>rashness</td>
</tr>
<tr>
<td>stinginess/miserliness</td>
<td>GENEROSITY</td>
<td>extravagance</td>
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<tr>
<td>sloth</td>
<td>AMBITION</td>
<td>greed</td>
</tr>
<tr>
<td>humility</td>
<td>MODESTY</td>
<td>pride</td>
</tr>
<tr>
<td>secrecy</td>
<td>HONESTY</td>
<td>loquacity</td>
</tr>
<tr>
<td>moroseness</td>
<td>GOOD HUMOR</td>
<td>absurdity</td>
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<tr>
<td>quarrelsome ness</td>
<td>FRIENDSHIP</td>
<td>flattery</td>
</tr>
<tr>
<td>self-indulgence</td>
<td>TEMPERANCE</td>
<td>insensibility</td>
</tr>
<tr>
<td>apathy</td>
<td>COMPOSURE</td>
<td>irritability</td>
</tr>
<tr>
<td>indecisiveness</td>
<td>SELF CONTROL</td>
<td>impulsiveness</td>
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</table>
COEXISTING CONDITIONS

• DSM5 (May 2013): autism and adhd commonly co-occur

• Anxiety often co-occurs with autism and/ or anxiety

• Co-occurrence complicates assessment and treatment
THE SELF-CONTROL AND ATTENTION DYSREGULATION SPECTRUM (SCADS)

**ADHD**
- under-inhibition
- distractibility, poor focus
- brakes too loose
- gears shift too easily
- impulsive, prefer novelty
- leap before looking, dangerous
- too much in the moment, here and now
- focus on too many things instead of one

**AUTISM AND ANXIETY**
- over-inhibition
- perseveration, hyperfocus
- brakes too tight
- stuck in one gear
- inflexible, prefer repetition and ritual
- step back, avoid, shut down, safe
- too much in the past and/or future
- focus on one thing, exclusively
TOO UNINHIBITED

• Simon didn’t say, “Raise your hand.”
• Errors of commission

TOO INHIBITED

• Simon says, “Raise your hand.”
• Errors of omission
SCADS FLIPPING IN CHILDREN WITH MIXED PROFILES

• Task, situation, and setting specific differences
  • Walter Mischell, The Marshmallow Test, and the Myth of Personality
  • Attention dysregulation; not across-the-board attention deficit
  • Inconsistency vs. inability

• For example:
  • “more ADHD” (impulsive and distractible) for auditory-verbal situations
  • “more Autistic” (stuck and perseverative) for visual-motor activities
# TREATMENT OF SCADS

<table>
<thead>
<tr>
<th>ADHD</th>
<th>AUTISM/ ANXIETY</th>
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</thead>
<tbody>
<tr>
<td>Use your brakes, slow down</td>
<td>Take your foot off the brake, let go</td>
</tr>
<tr>
<td>Stop and think more</td>
<td>Don’t stop and think so much</td>
</tr>
<tr>
<td>Don’t just live in the moment</td>
<td>Don’t worry about past / future</td>
</tr>
<tr>
<td>Consider past and future</td>
<td>Live more in the moment</td>
</tr>
<tr>
<td>Be more cautious</td>
<td>Relax</td>
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<tr>
<td>Narrow your comfort zone</td>
<td>Expand your comfort zone</td>
</tr>
<tr>
<td>“Be more autistic/ anxious”</td>
<td>“Be more adhd”</td>
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MEDICATION MANAGEMENT OF SCADS

• No effective medication for the core symptoms of Autism
  • social disability
  • repetitive, restricted, and ritualized thoughts / behavior

• But very effective meds for ADHD and Anxiety
WHEN ADHD, AUTISM AND ANXIETY COEXIST

NARROW THERAPEUTIC WINDOW

• **Risk**: greater predisposition to side effects
  • side effects kick in at relatively low doses
  • too often, before benefits
  • failed trials or only partial response

• **Realistic goal**: find the sweet spot between too much and too little inhibition
MEDICATION MANAGEMENT OF SCADS TUNING: FINDING THE SWEET SPOT, GOLDEN MEAN

For ADHD

• just enough stimulant (methylphenidates or dextroamphetamine) to fix impulsivity and distractibility (brakes too loose)

• but not so much that you amplify Autism or Anxiety (brakes too tight).

• common side effects of stimulants: irritability, inflexibility, social withdrawal

For Anxiety

• just enough SSRI (selective serotonin re-uptake inhibitor) to fix rigidity and distress (brakes too tight)

• but not amplify ADHD (brakes too loose)

• common side effects of SSRIs: disinhibition and overactivation
COMPLICATED DOES NOT MEAN IMPOSSIBLE

• Meds can be a huge help for many
• Find a doc with experience treating these coexisting conditions
• Set up a sufficiently nuanced treatment trial
• Use a team of educated observers
### TREATMENT TRIAL

**Possible Side Effects**

<table>
<thead>
<tr>
<th>Date baseline</th>
<th>date</th>
<th>date</th>
<th>date</th>
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</thead>
<tbody>
<tr>
<td>Targets</td>
<td></td>
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</table>

0 = no problem  
1 = little problem  
2 = medium problem  
3 = big problem
IF SIDE EFFECTS

• Do not try to treat the side effects of one medicine with the other
  • Treating ADHD induced anxious perseveration with SSRI
  • Treating SSRI induced overactivation with stimulant

• Instead, try to fine-tune the dose
  • Find the minimum dose that’s sufficiently effective or
  • The maximum dose that avoids side effects
  • Then, decide if that’s good enough (swing for singles, not homeruns)

• If not good enough, go to secondary meds
  • Second stimulant or non-stimulant (guanfacine, clonidine, atomoxetine)
  • Second SSRI or non-SSRI (duloxetine or buspirone)

• Think about non-pharm management opportunities
CASE DISCUSSION: JIMMY

1. Failed fluoxetine and fluvoxamine trials (overactivation before benefit)
2. Quillivant max tolerated dose = 25% improvement
3. Guanfacine max tolerated dose = 25% additional improvement
4. Failed trial off Quillivant (combination better than either ADHD med alone)
5. Buspirone max tolerated dose = 50% less anxious
6. Combine pharm and non-pharm management
SCADS AND NON-PHARM MANAGEMENT

• Especially with more complicated profiles, be realistic about meds
  • There is always a limit to what medication can do
  • Medication is never the whole answer
  • Medication should always be part of a comprehensive management plan
  • Need non-pharm strategies too

• But, non-pharmacologic interventions are also more complicated when ADHD, anxiety and autism coexist

• So, how to apply SCADS principles of pharm management – “find the golden mean” - to non-pharm management?
“Human freedom involves our capacity to pause between the stimulus and response and, in that pause, to choose the one response toward which we wish to throw our weight.”

- Rollo May, The Courage to Create
PAUSING JUST RIGHT

CBT BREAKDOWN POINTS IN SCADS

**CBT “STEPS”**

- Stop and Say
- Think about all possible solutions
- Examine each one
- Pick the best one
- See how it works

**BREAKDOWN POINTS**

Pausing in ADHD
- stop and think, slow down and focus

Pausing in Autism and Anxiety
- loosen up, consider alternative solutions and perspectives
THE SCADS MIDDLE GROUND IN CBT STEPS
“Lose a point” if you...

1. Go too fast or go too slow
2. Skip a step or stick to a step
3. Choose the wrong answer
LET’S GET REAL

- Goodness-of-fit between child and adult helper (parent, therapist, teacher)
- Importance of staging for success: gradual/incremental exposure, practice in natural settings
- Shared goals and strategies across settings
- Combining CBT, medication, and other therapies
- Finding the right balance between remediation and accommodation, intervention and acceptance