

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

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

DAN SHAPIRO, M.D.

DRDAN@PARENTCHILDJOURNEY.COM

WWW.PARENTCHILDJOURNEY.COM

THIS TALK IS FROM

**PARENT CHILD
EXCURSIONS:**

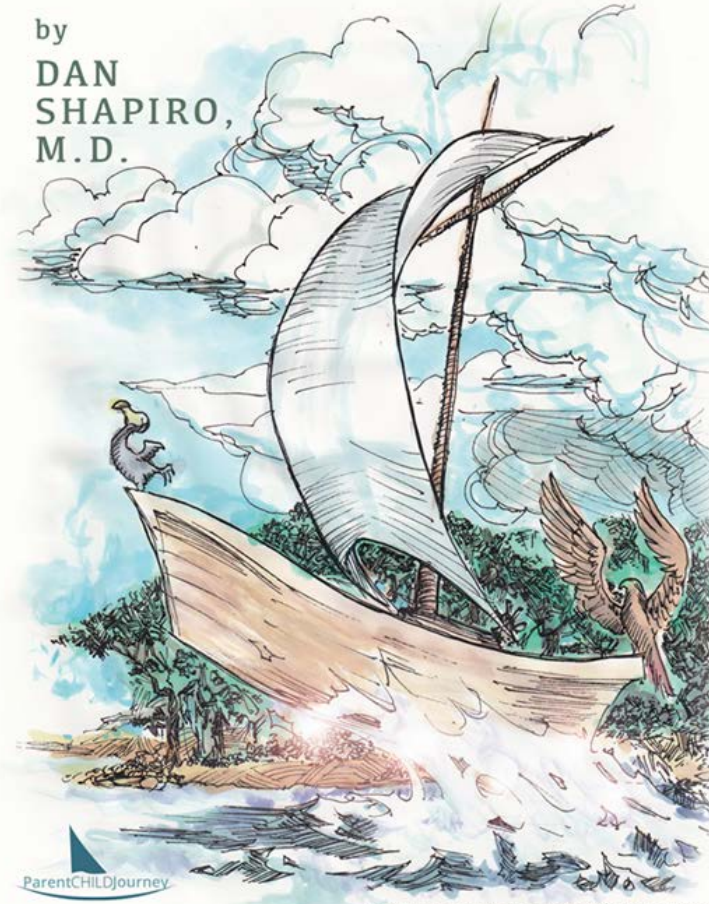
*SPECIAL TOPICS IN RAISING
YOUR CHALLENGING CHILD*

(COMING IN 2017)

Parent Child Journey

An Individualized Approach
to Raising your Challenging Child

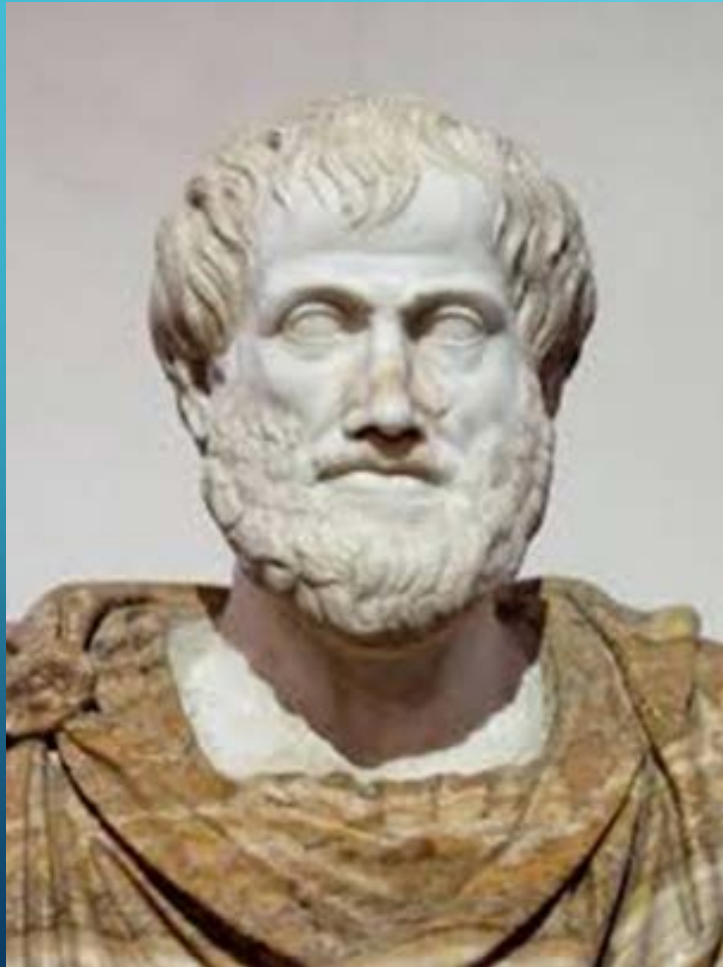
by
**DAN
SHAPIRO,
M.D.**



ParentCHILDJourney

with illustrations by John Watkins-Chow

WHETHER PAUSING TOO MUCH OR PAUSING TOO LITTLE: *FIND BALANCE*

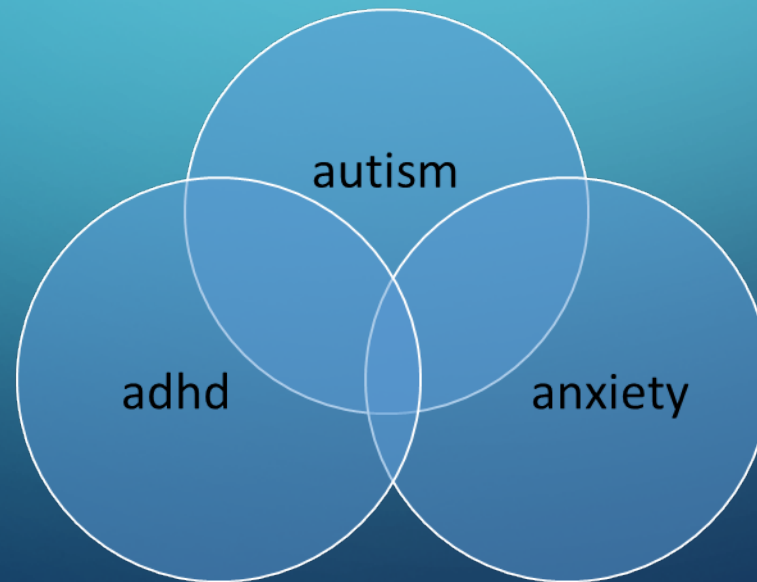


Aristotle's Concept of the Golden Mean

Deficiency (-)	BALANCE	Excess (+)
cowardice	COURAGE	rashness
stinginess/miserliness	GENEROSITY	extravagance
sloth	AMBITION	greed
humility	MODESTY	pride
secrecy	HONESTY	loquacity
moroseness	GOOD HUMOR	absurdity
quarrelsomeness	FRIENDSHIP	flattery
self-indulgence	TEMPERANCE	insensibility
apathy	COMPOSURE	irritability
indecisiveness	SELF CONTROL	impulsiveness

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



AUTISM AND ANXIETY

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

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

ADHD

- Use your brakes, slow down
- Stop and think more
- Don't just live in the moment
- Consider past and future
- Be more cautious
- Narrow your comfort zone
- "Be more autistic/ anxious"

AUTISM/ ANXIETY

- Take your foot off the brake, let go
- Don't stop and think so much
- Don't worry about past / future
- Live more in the moment
- Relax
- Expand your comfort zone
- "Be more adhd"

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 dextroamphetamines) 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

0=no problem

1=little problem

2=medium problem

3=big problem

for:	Date baseline	date	date	date
Targets				
Possible Side Effects				

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?

The background is a dark teal gradient. In the corners, there are decorative white line-art elements resembling circuit boards or neural networks, with lines connecting to small circles.

“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