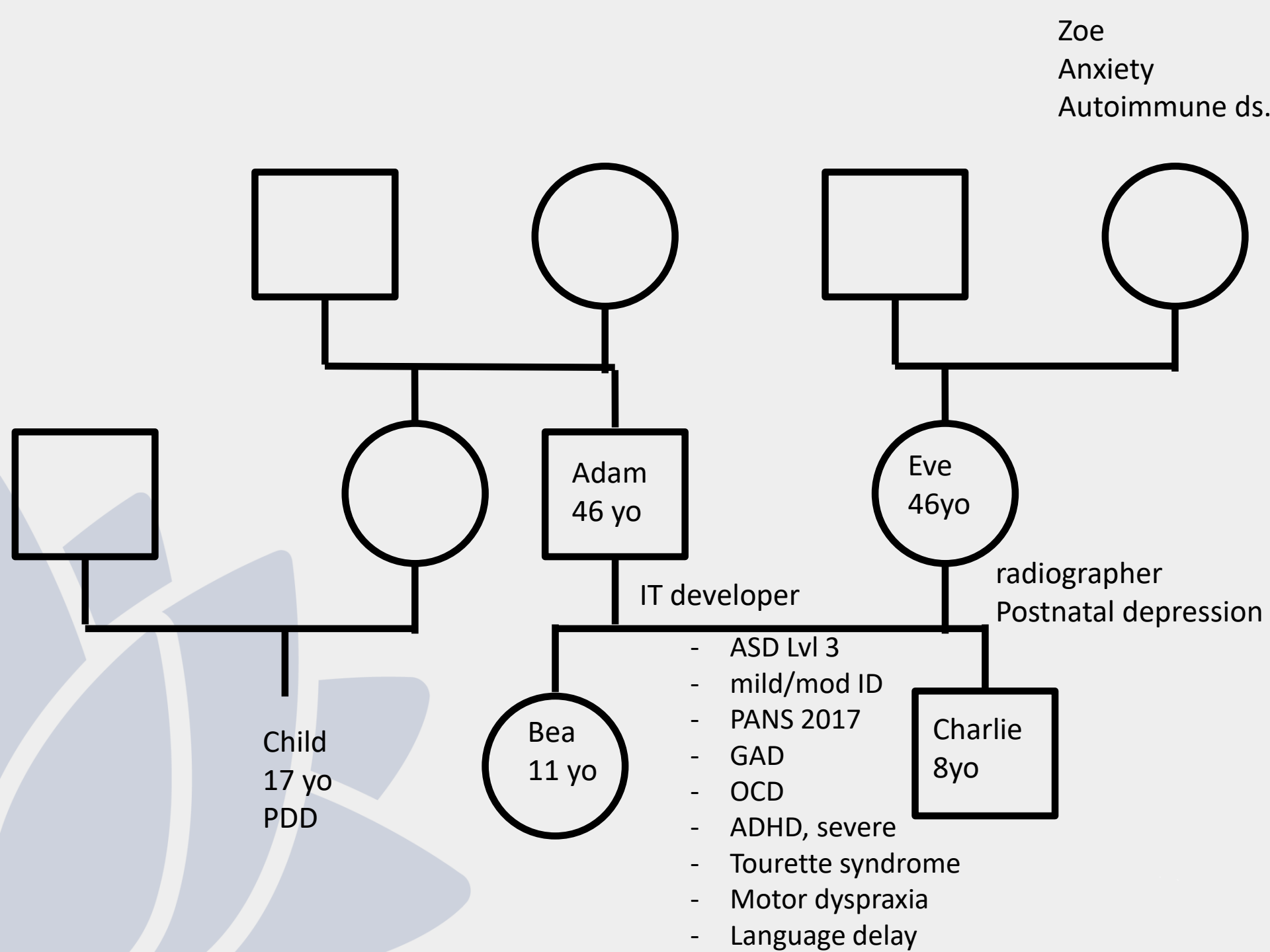
Banging my head

ASD and the role of attachment based intervention (Circle of Security)

Case Study

Dr. Linda Tran

09/09/2021


Zoe
Anxiety
Autoimmune ds.
Adam
46 yo
Eve
46yo
IT developer
radiographer
Postnatal depression
Child
17 yo
PDD
Bea
11 yo
- ASD Lvl 3
- mild/mod ID
- PANS 2017
- GAD
- OCD
- ADHD, severe
- Tourette syndrome
- Motor dyspraxia
- Language delay
Charlie
8yo

Case: Presenting Problem

- Referral 2018 by paediatric neurologist
- Headbanging
- Hyperactivity
- Lashing out
- Risk taker: no concept of danger
- Support
- Issues

Hx. of presenting problem

- Medical
- Allergy
- Legal
- D&A

Developmental History

- Conflict between parents
- Biological age at presentation: 8
  - motor skills: 3-4 yo
  - Independence skills: 3-4 yo
  - Receptive and expressive language: 18-24 mo
  - Social engagement: 18 mo

Treatment till 2018

- Stem cell therapy
- Behaviour: distraction, redirection, holding pt
- ABA

Pharmacological treatment till 2018

Time	Medication	Dose	(Side) Effects
2017	Clobazam		Agitation
2017	Risperidone		Akathisia, dystonia and dyskinesia Responded to Benztropine
	Valproate	200-0-200	Hyperactive (and increased head banging)
	Lamotrigine		Stopped working
	Clonidine	25-0-0-100 PRN 50	sedation
2018	Carbamazepine		Steven's Johnson Syndrome
11/18	Steroids		Helped behaviour but not this time
	Venlafaxine	150-0-0	
	Risperidone	0-0-0-1	
	Valproate	200-0-200	Hyperactive (and increased head banging)

Pharmacological Rx under team

Time	Medication	Dose	(Side) Effects
11/18	Ritalin	2.5 mg	increased Tics, ceased after few days
12/18	Propranolol		With Fluoxetine: howling, crying, sleep disturbance (agitation, self-harm, swelling of hands), ceased
	Fluoxetine		With Propranolol: agitation
	Clonidine	PRN 25 mcg, max 350/24 h	

- ED presentation
- Psychoeducation
  - ABA
  - human co-regulation
- Alternatives
  - whole human genome sequencing
  - oxytocin experimental treatment
- Recommendation
  - intervention with Allied health

Pharmacological Rx under team

Time	Medication	Dose	(Side) Effects
04/19	Clonidine	PRN	
	L-Theanine		
	Melatonin		

- Only Clonindine
- Improved skills
- ABA: parents more relaxed
- Self-harm: head banging
- Alternatives
  - Stem cell treatment
  - Cannabidiol trial
- Recommendation
  - Behaviour management

Pharmacological Rx under team

Time	Medication	Dose	(Side) Effects
08/19	Fluoxetine		Worsening behaviour, ceased
	Clonidine	PRN 150 BD	
	Chloral Hydrate		

- No medication for 4 weeks
- Stem cell treatment
- Deterioration: aggression, self-harm, irritability, insomnia
- Recommendation
  - Olanzapine 2.5-5mg nocte, PRN 1.25-2.5 mg
  - Benztropine PRN 0.5mg (had tardive dyskinesia on Risperidone)

Pharmacological Rx under team

Time	Medication	Dose	(Side) Effects
09/19	Olanzapine	2.5-5 nocte PRN 1.25-2.5 mg	For 2 days, then hyperagitation, ceased
	Benztropine	PRN 0.5 mg	
	Quetiapine	PRN insomnia	Facial grimacing, possible tremor
	Aripiprazole	2.5 mg alternate d	
	Melatonin	0-0-0-6	
	Clonidine	PRN 100-150 night	
	Chloral hydrate	PRN max 500/d	
	Benztropine	PRN 0.5 mg	

- Middle insomnia, anxiety, Separation anxiety
- ED presentation: agitation, tremor
- Eve: depressed and anxious
- Recommendation
  - Holding therapy
  - Safe chill out area
  - Medication unlikely to solve behavioral issues
  - CYP 450 Enzyme testing

Pharmacological Rx under team

Time	Medication	Dose	(Side) Effects
10/19	Olanzapine	2.5-5 nocte PRN 1.25-2.5 mg	For 2 days, then hyperagitation, ceased
	Benztropine	PRN 0.5 mg	
	Quetiapine	PRN insomnia	Facial grimacing, possible tremor
	Aripiprazole	2.5 mg alternate d	
	Melatonin	0-0-0-6	
	Clonidine	PRN 100-150 night	
	Chloral hydrate	PRN max 500/d	
	Benztropine	PRN 0.5 mg	

- Neurology admission for behavioural outbursts
- Recommendation
  - Safe sensory room
  - Carer fatigue→ increase carer support

Pharmacological Rx under team

Time	Medication	Dose	(Side) Effects
12/19	Clonazepam	0.375-0.25-0.875	
	Quetiapine	0-0-0-37.5	
	Clonidine	0-0-0-100	Daily dosing increases irritability
	Fluvoxamine	0-0-0-50	
	Melatonin	0-0-0-6	No impact on sleep, ceased

- Improved sleep despite decrease in Clonidine
- Behavioral difficulties: aggression, self-harm
  - Due to increase in Fluvoxamine?
- Irritable baseline
- Family dynamics
- Recommendation
  - Wean off Clonidine
  - Fluvoxamine
  - Increase Quetiapine after trial with Fluvoxamine
  - Trial Naltrexone for self-injury
  - Family therapy
  - Parenting Programme: Stepping Stones

Summary Behaviour Rx

Time	Medication	(Side) Effects
	ABA	Initiates self-harm
09/19	Time out	Worsening behaviour
09/19	Holding therapy	
09/19	Chill out room	
12/19	Compression clothing	Not accepted, not soothing
12/19	brushing	Soothes, effective

Summary Medication

Agent	S/E	Agent	S/E
Aripiprazole		**Carbamazepine**	Steven's Johnson Syndrome
Olanzapine	hyperagitation	**Lamotrigine**	Stopped working
Quetiapine	Facial grimacing, possible tremor	**Valproate**	Hyperactive (and increased head banging)
Risperidone	Akathisia, dystonia and dyskinesia	**Clonidine**	Sedation, irritability
Benztropine		**Chloral Hydrate**	
Fluoxetine	Agitation, worsening behaviour	**Propranolol**	howling, crying, sleep disturbance (agitation, self-harm, swelling of hands)
Fluvoxamine	Poor sleep and appetite	**Ritalin**	increased Tics
Venlafaxine		**Cannabinoid**	
Clobazam	agitation	**L-Theanine**	
Melatonin	No impact on sleep	**Steroids**	Stopped working

NICE guidelines for ASD

- Psychosocial
- Pharmacological
  - For core features of ASD, do not use
    - Antipsychotic, Antidepressants, Anticonvulsants
    - Exclusion diets (e.g. gluten or casein free diets)
- Challenging behavior
  - Treat coexisting physical/mental/behavioral issues
  - MDT
  - Functional Ax and psychosocial intervention
  - antipsychotics
- Do not use…

NICE
National Institute for Health and Care Excellence

Pharmacological Rx under team

Time	Medication	Dose	(Side) Effects
02/20	Clonazepam	0.5-0-0-1	
	Fluvoxamine	25-0-0-50	
	Clonidine	0-0-0-100	
	Melatonin	0-0-0-6	
	Cannabinoid	6-0-0-6	trial

- Main problem: emotional meltdowns, self injury
- Issues
  - Follow recommendations
  - What else can be offered ?
  - Alternatives vs. trust
- Recommendation
  - No pharmacological changes whilst on CBD trial
  - orthotics department: helmet and seatbelts that Charlie cannot easily remove
  - Attachment based intervention: Circle of Security (COS)

Pharmacological Rx under team

Time	Medication	Dose	(Side) Effects
03/20	Clonazepam	0.5-0-0-1	
	Fluvoxamine	100mg/d	Poor sleep and appetite→ self reduced to 75mg/d
	Clonidine	0-0-0-100	
	Melatonin	0-0-0-6	
	Cannabinoid	6-0-0-6	trial
	Quetiapine	0-0-0-50	Initiated by Eve for insomnia

- Eve changed medication on her own due to headbanging and side effects
- Still on CBD trial
- Emails regarding medication: boundaries as psychotherapist
- Missed 2 first appointments

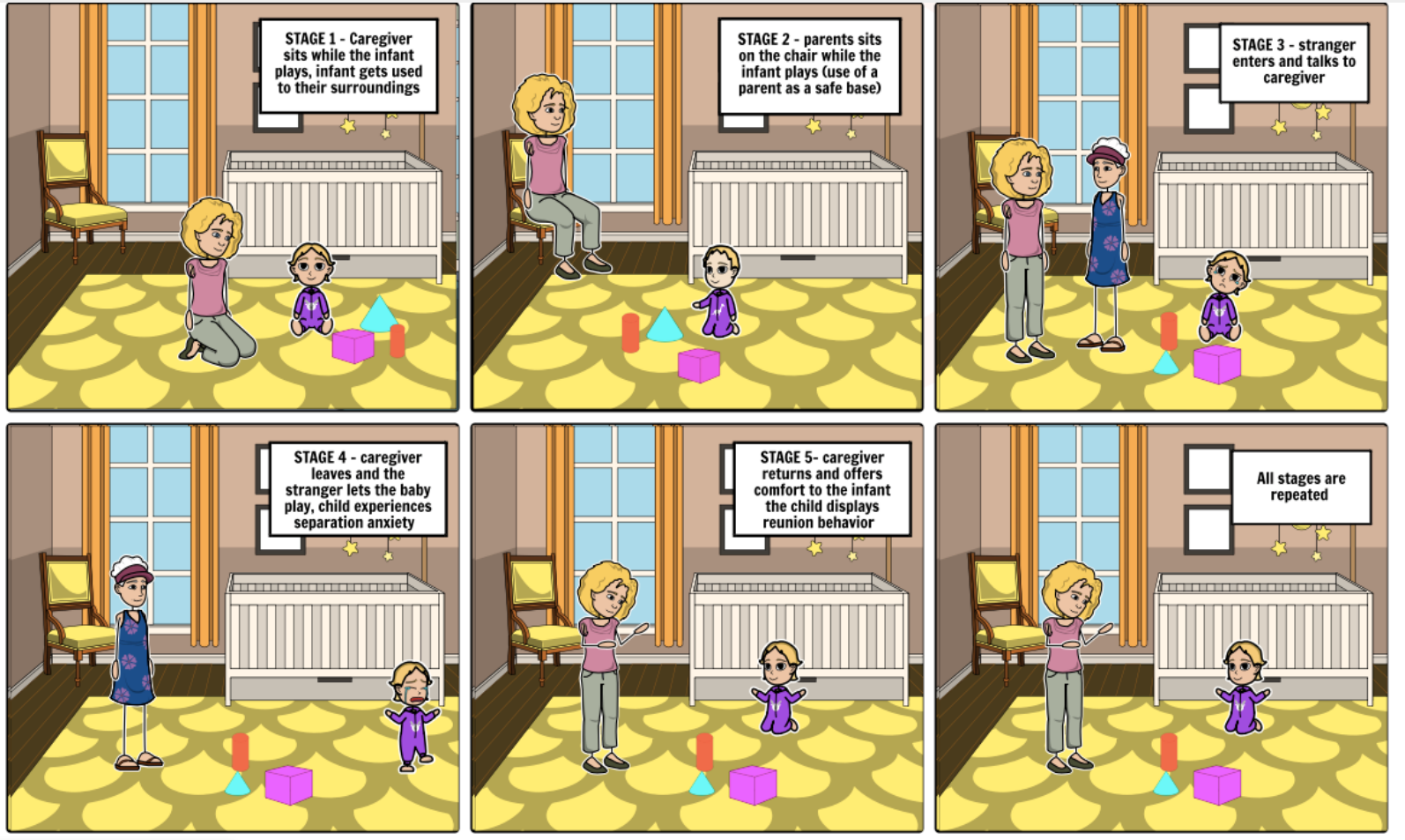
Formulation

- 8 year old
- ASD phenotype, ID, ADHD, Tourette, head-banging
- Multitude of treatments
- Scapegoat
- Attachment: insecure?
- Eve is willing to invest in Charlie

What is attachment and bonding?

- Attachment (care seeking):
  - Instinct to seek proximity to a specific person who will protect and comfort one
  - Relationship between child and caregiver
  - Innate neurobiological system
  - Ensure's child's safety
- Bonding (care giving)
  - Instinct to monitor a specific person and to protect and comfort him/her

The Strange Situation




Secure Attachment
Believes and trusts that his needs will be met
MOTHER
Quick
Sensitive
Consistant
CHILD
Secure
Exploring
Happy
MOTHER
Distant
Disengaged
Avoidant Attachment
CHILD
Not very explorative
Emotionally distant
Subconsciously believes that his needs probably won't be met
Attachment Styles
Ambvivalent Attachment
Cannot rely on his needs to be met
MOTHER
Inconsistent
Sometimes sensitive
Sometimes neglectful
CHILD
Anxious
Insecure
Angry
Disorganized Attachment
Severely confused with no strategy to have his needs met
MOTHER
Extreme
Frightened
Frightening
Passive
CHILD
Depressed
Passive
Angry
Non-responsive
www.AttachFromScratch.com

Attachment in ASD - models

1. ASD= global social/ emotional deficit

→ incapable of forming selective secure attachments to caregivers

2. ASD= biological disorder of attention and arousal system

→ clear preference to caregiver due to familiarity

→ Likely insecure as social interaction is overstimulation

3. ASD= set of specific social deficits

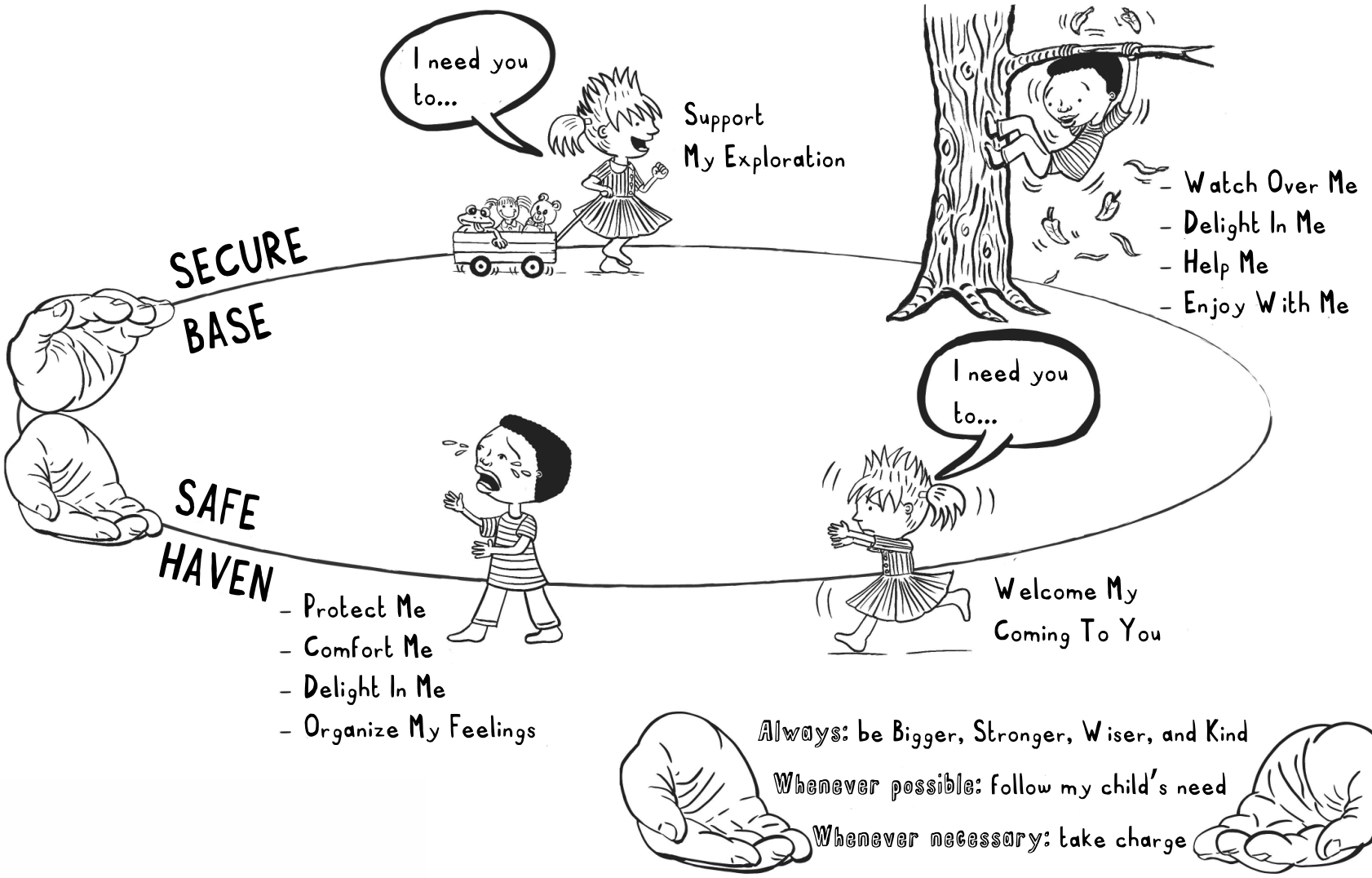
→ Child compromised to understand, predict and control carer's behaviour

→ affects trusts

→ Affects quality of attachment

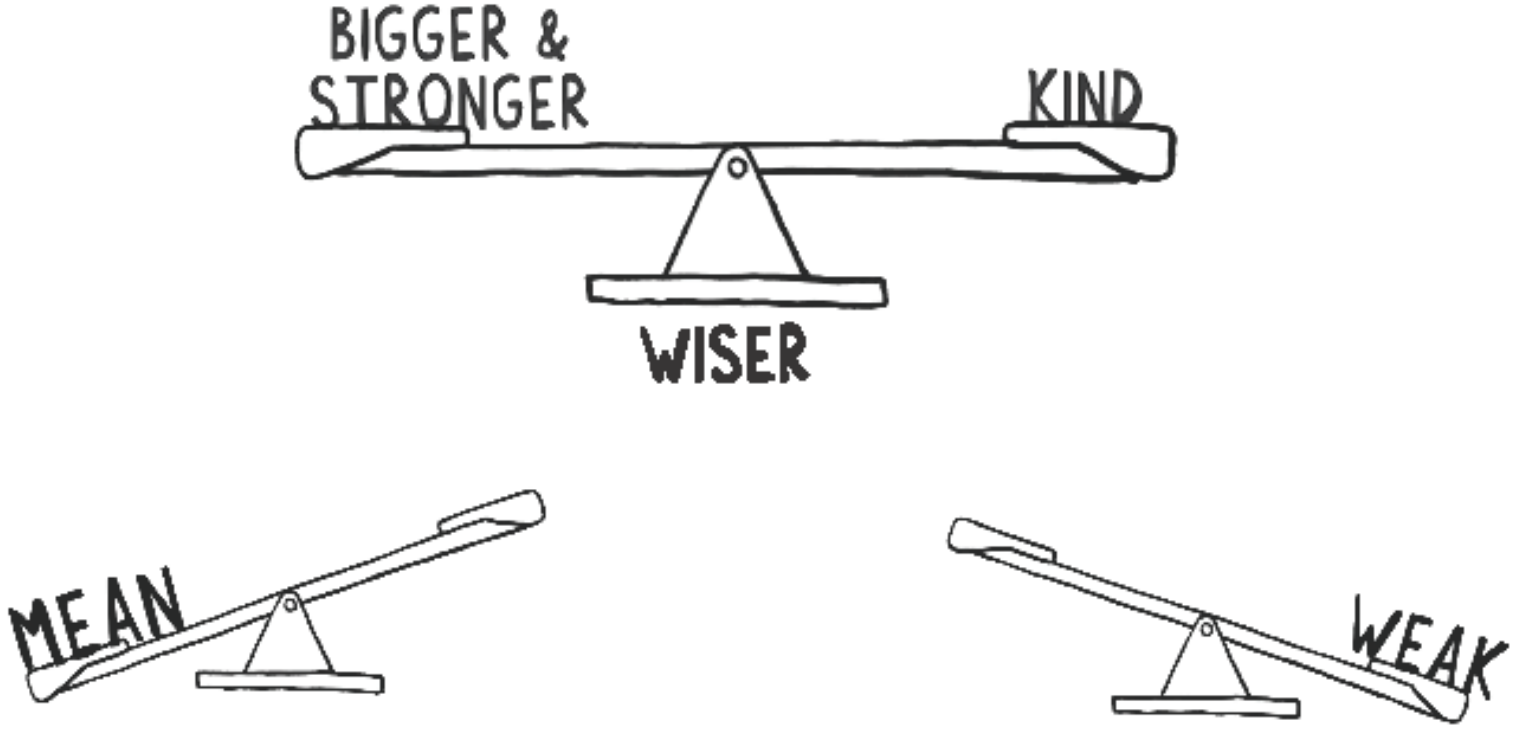
Circle of Security®

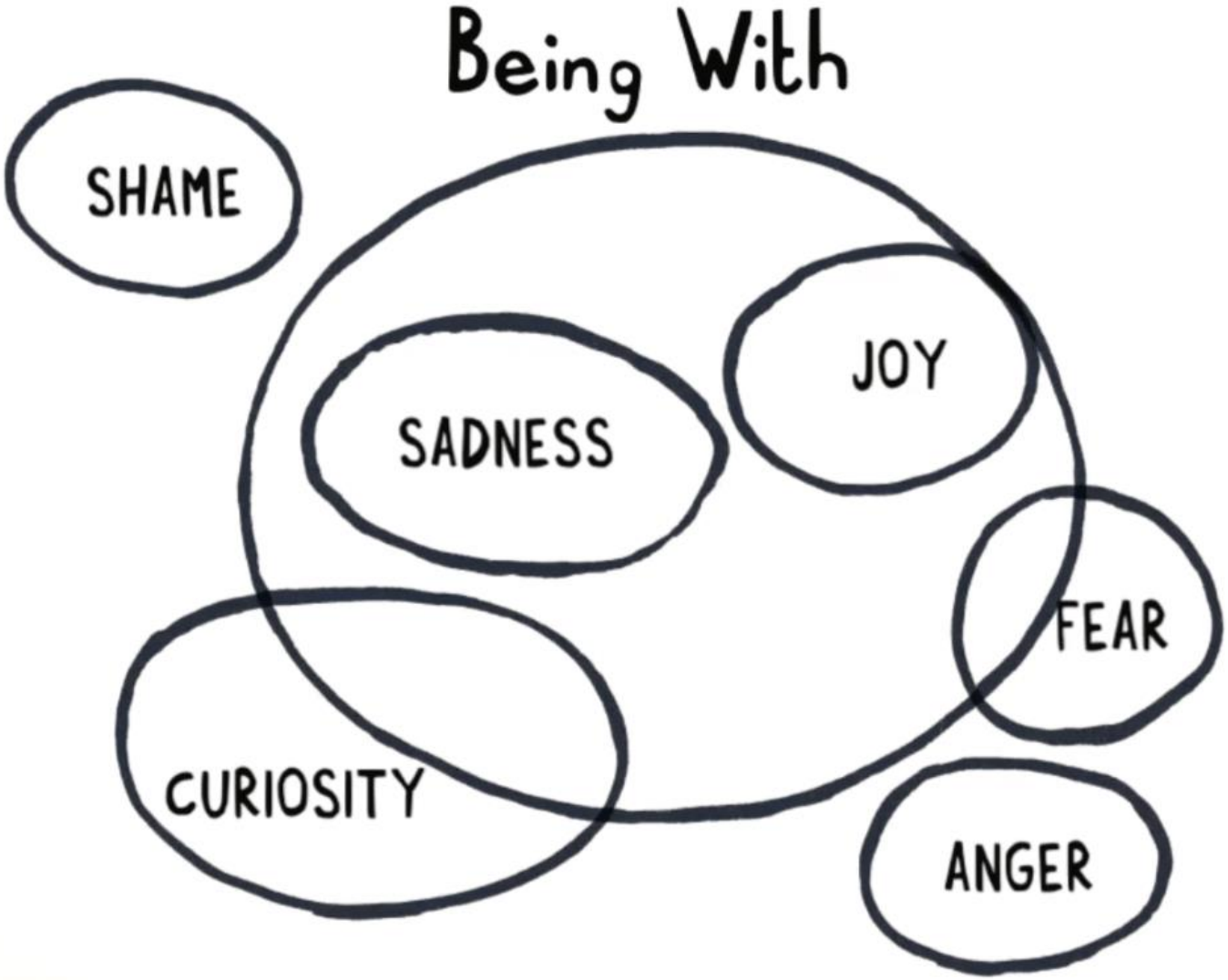
Parent Attending To The Child's Needs



Limited Hands

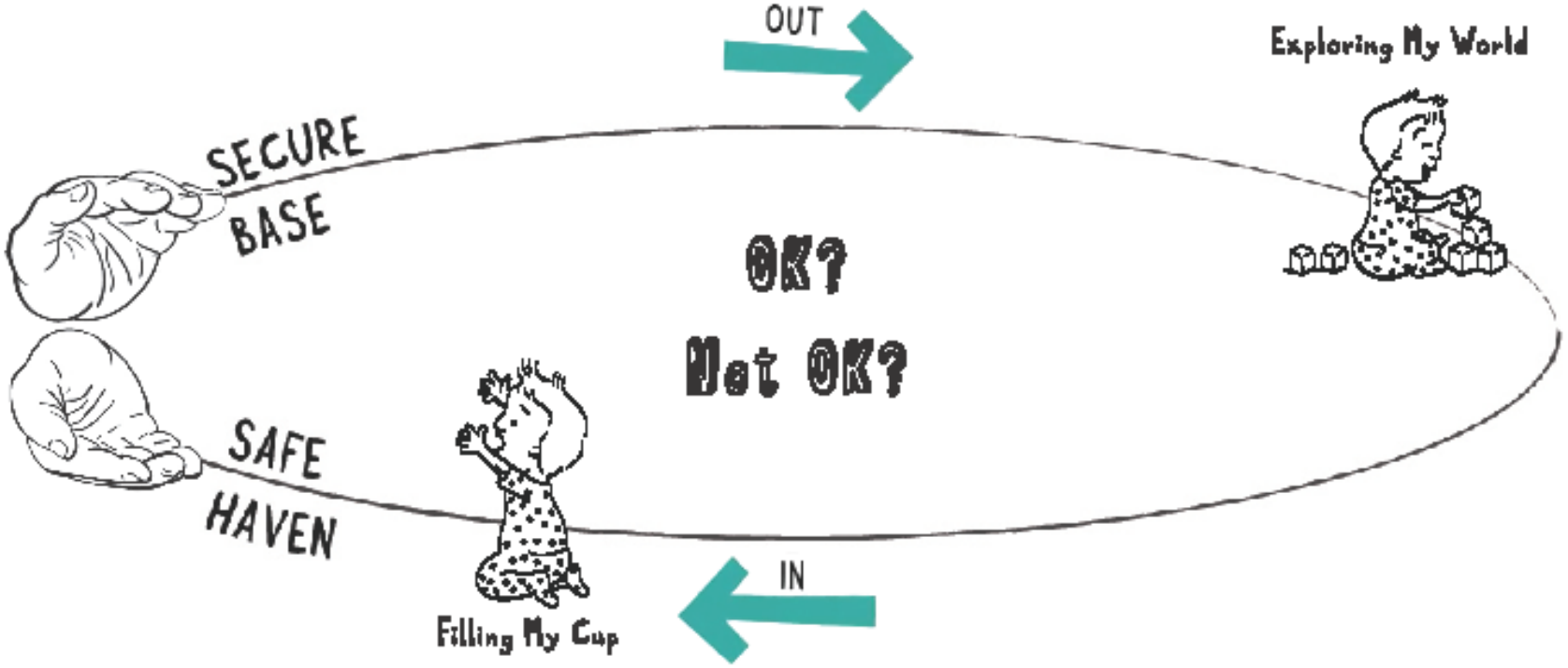
Losing the Wisdom to Stay in Balance



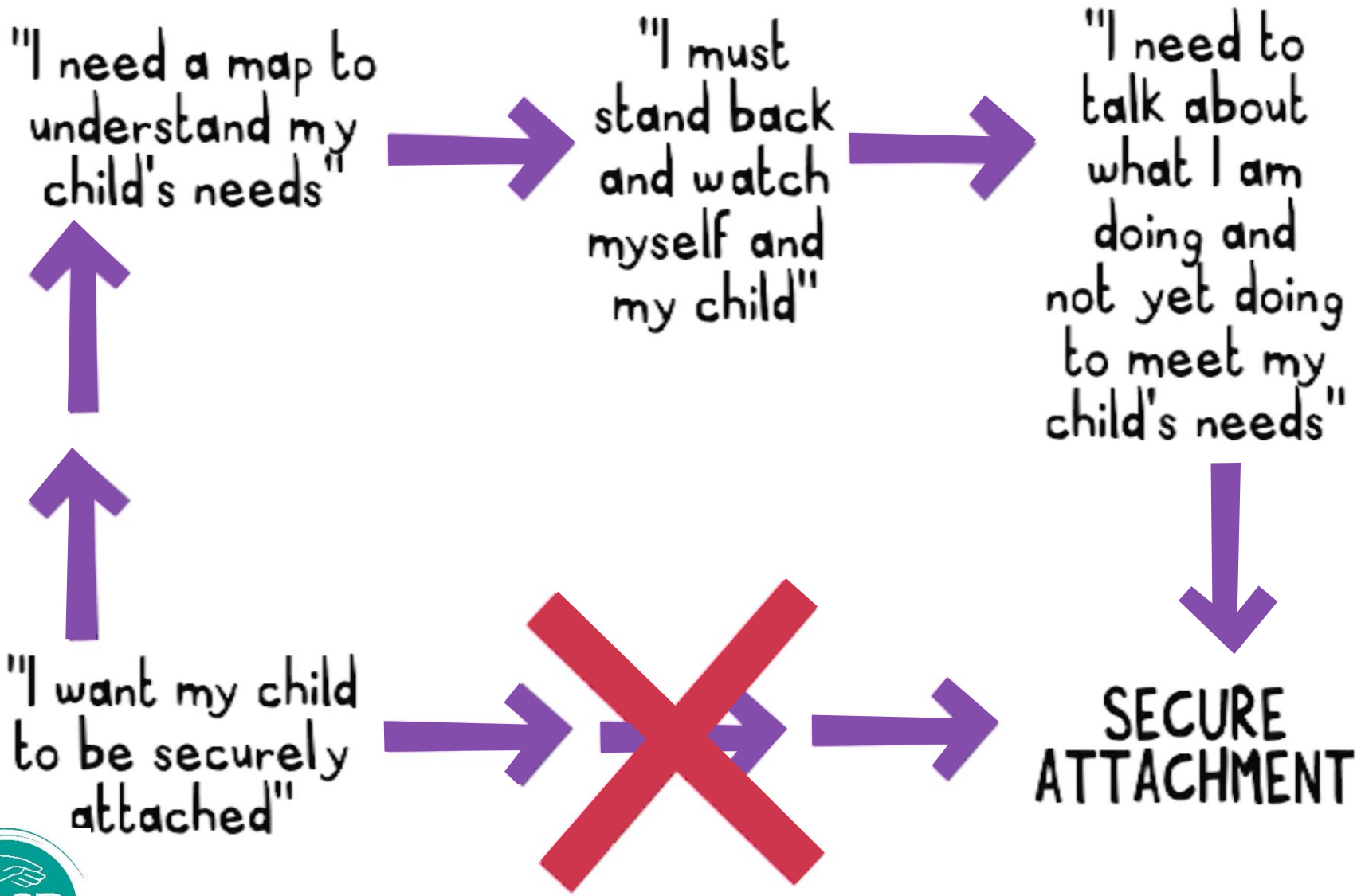

Being With
SHAME
SADNESS
JOY
FEAR
CURIOSITY
ANGER

Circle of Security

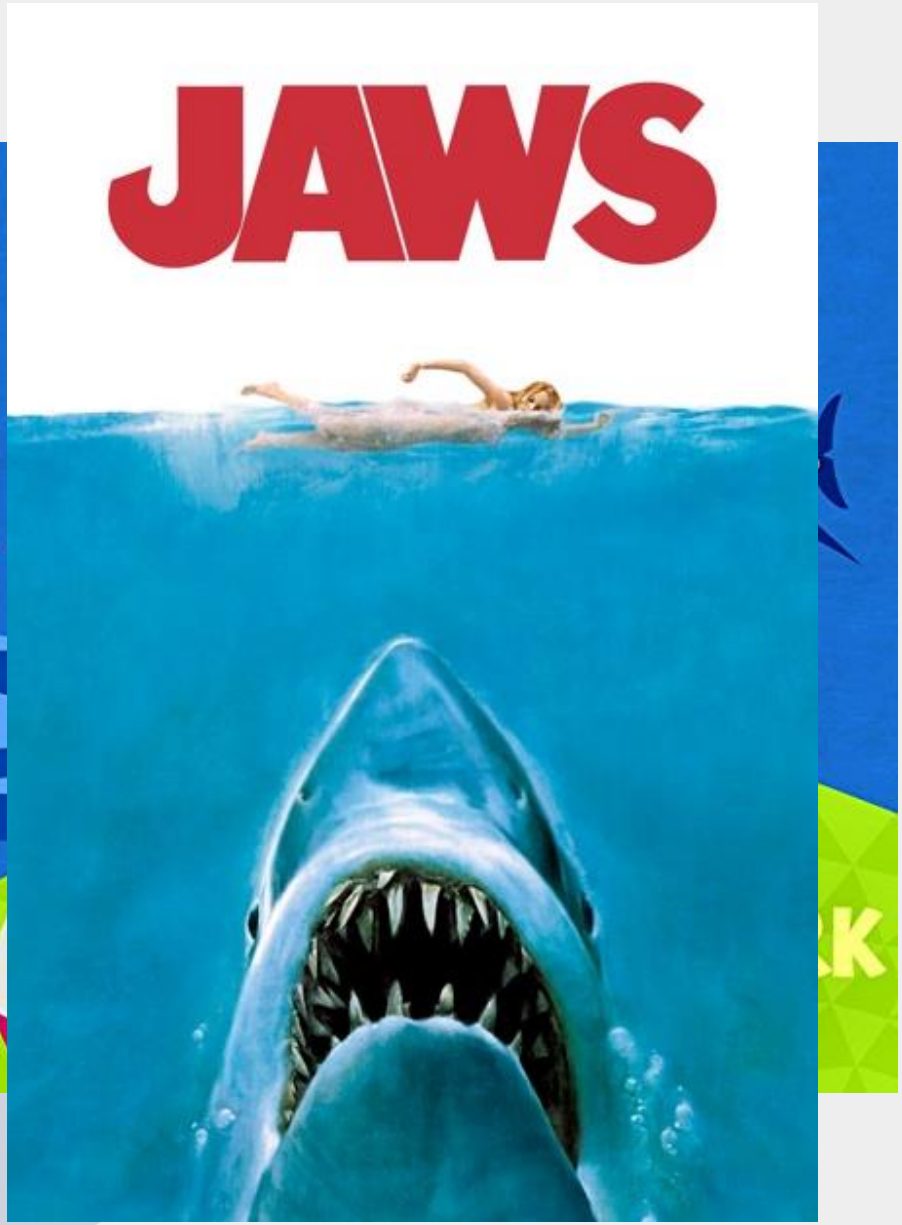
Parent Attending To The Child's Needs



The Path to Secure Attachment

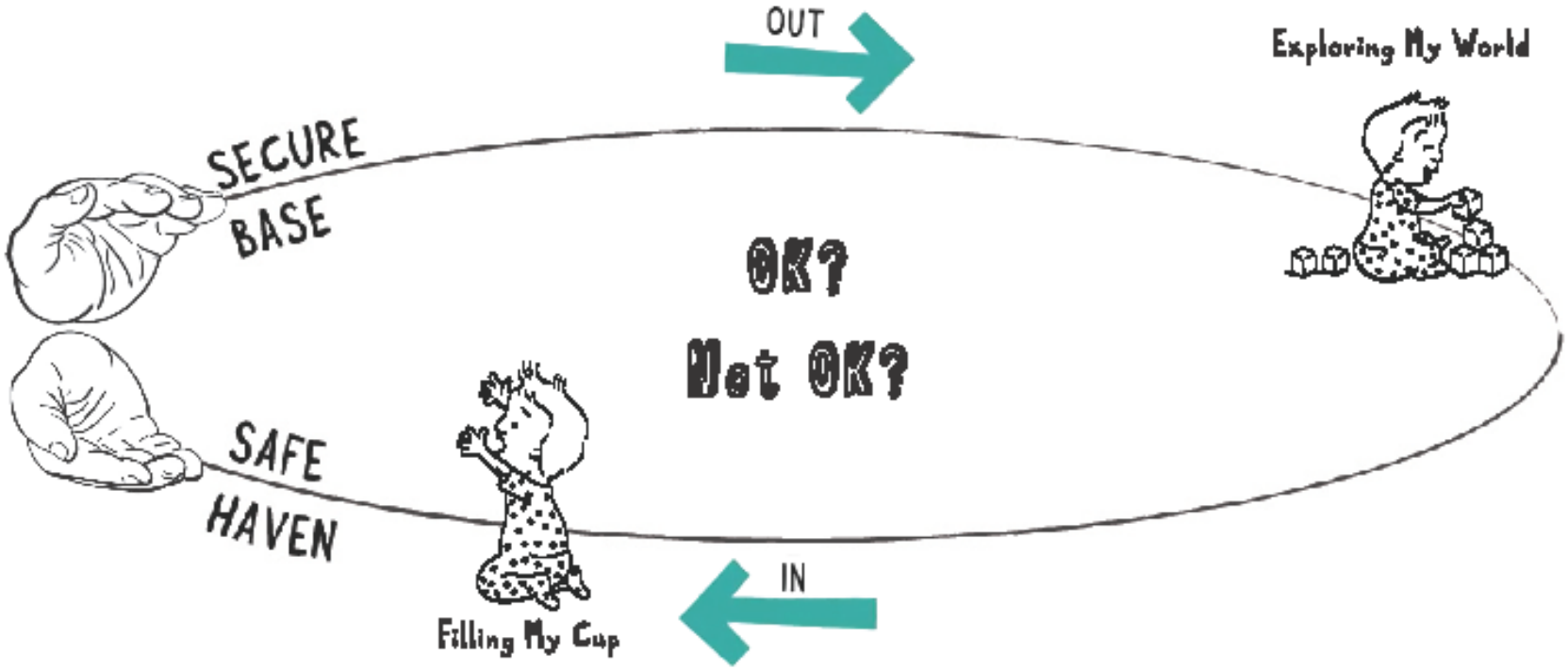


Shark music



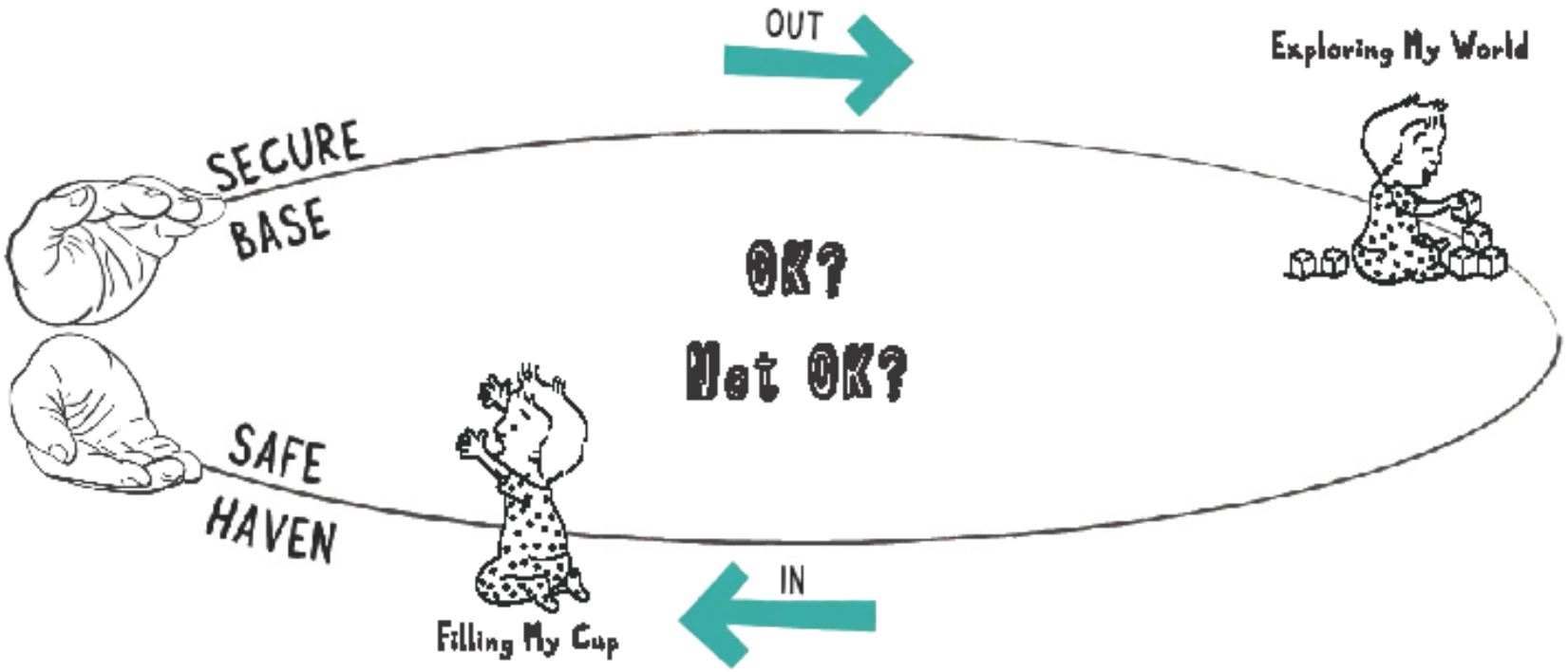
Circle of Security

Parent Attending To The Child's Needs

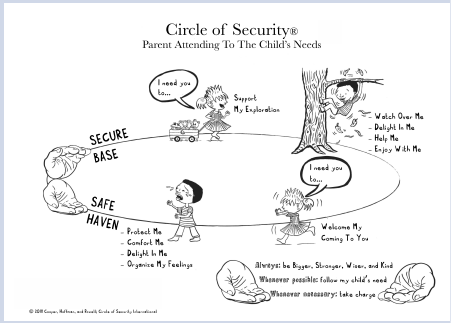


Circle of Security

Parent Attending To The Child's Needs



Progress COS

Ch	Topic	Eve's progress
1	Welcome to COS	Eve distracted with household Guilt about Bea, Charlie too demanding
2	Exploring our Children's Needs All the Way Around the Circle	Eve very reflective about her relationship with her children Charlie's behaviour frightens her: Cannot provide safety
2		Eve very reflective about her relationship with her parents and children Bea: kind, weak, wants her to come in Charlie: bigger, stronger, mean, wants him to explore

Pharmacological Rx under team

Time	Medication	Dose	(Side) Effects
05/20	Clonazepam	0.5-0-0-1	
	Fluvoxamine	75 mg/d	
	Chloral	500-1000mg/da	
	Quetiapine	0-0-0-100	

- ED presentation for parietal swelling after head banging and tripping over his pet
- Charlie has been doing much better since (only 1x head banging), seeing "the bigger picture", happier
- Eve tries to ignore his behaviour such as climbing
  ↓ frequency of climbing
- P/C R/V with allied health: enjoys COS

Progress COS

Ch	Topic	Eve's progress
3	"Being with' on the Circle	Eve reflects on her parenting style applies some COS principles easier to remain calm Easier to set boundaries →feels more in control and confident Weakness ≠ being with Struggles with "being with"
4	Being with infants on the Circle	Reflective about her relationship esp. with Charlie Charlie sometimes initiates "being with" moments Charlie more verbal
5	The path to security Shark Music	Reflective about her shark music Limited bottom circle
6	Exploring our Struggles	Trigger for shark music: Charlie's Tics as she anticipates agitation struggles with feelings of anger and taking charge as she does not want to be mean Cannot be the hands when Charlie needs safety Tries to be BWSK

Progress COS

Ch	Topic	Eve's progress
7	Rupture and Repair in Relationships	Reflective on her part Wanting to repair relationship
8	Summary and Celebration	Certificate

Life 1 year after us

- head banging minimal
- not on cannabidiol
- Eve doing well
- school
  - not allow full time attendance in anticipation of aggression which happened in the past
  - change of teachers
- Neurologist:
  - mainly settled during interviews
  - good response on 4-Aminopyridine for VAMP2

Discussion

- Lack of therapeutic agreement
- Delay in development of skills, cognitive inflexibility→ intense attachment style like younger children
- basic psychotherapeutic approaches PRN
- Supporting the carer

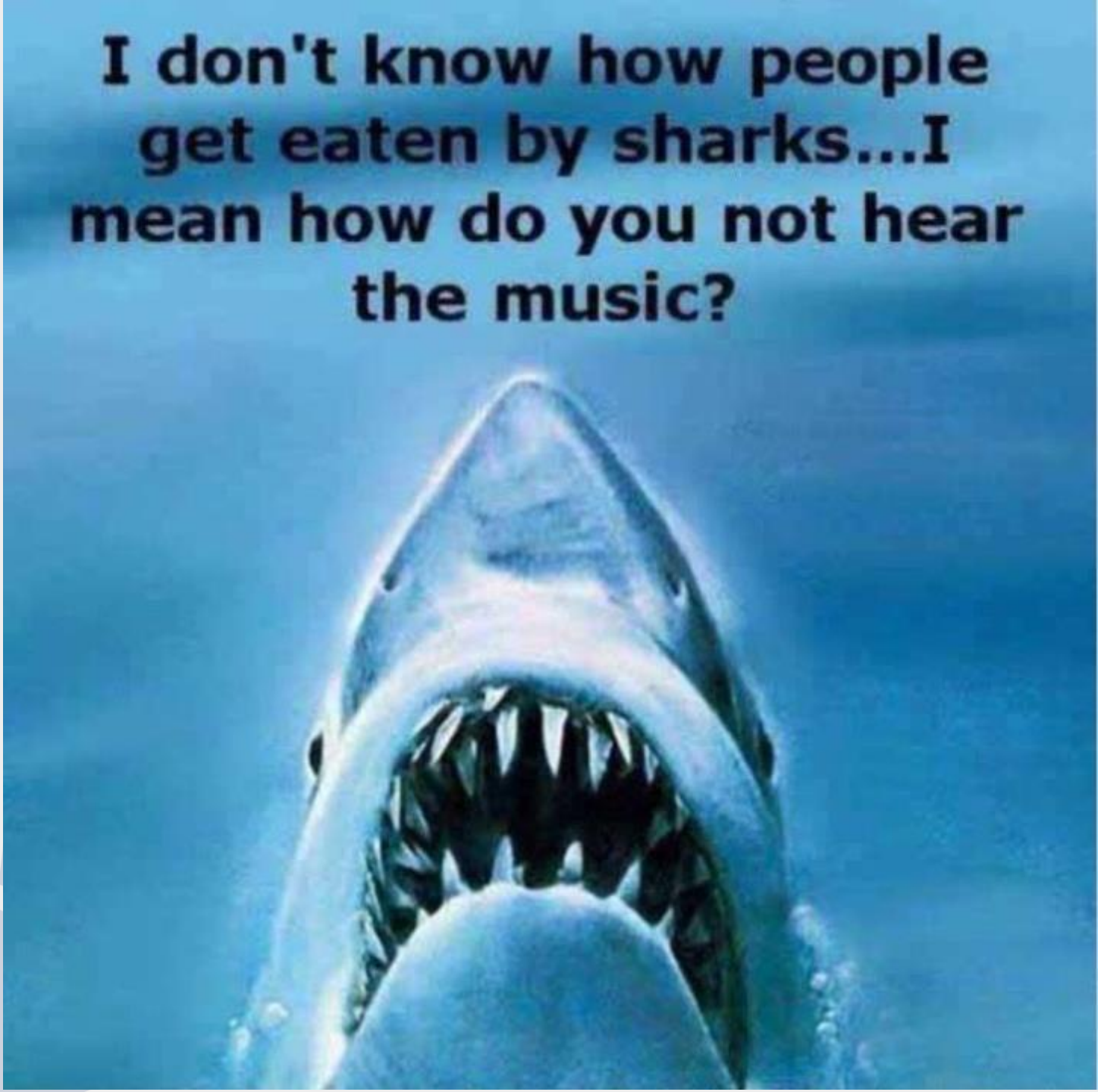
Attachment in children with autism spectrum disorder: A systematic review
Samantha J. Teague, Kylie M. Gray, Bruce J. Tonge, Louise K. Newman

- 40-63% secure but less likely to form secure attachment despite equally sensitive caregiving
- Age: 26 months- 11 yo
- IQ > 70
- Secure attachment in ASD:
  - Protective factor for social and cognitive development
  - Same function as in typically developing children
- Disorganized attachment may have neurological basis
- ↓ secure attachment
  - ↑ ASD severity
  - DD
- ↑ secure attachment
  - Mother's insight and resolved on ASD diagnosis

Attachment in children with autism spectrum disorder: A systematic review
Samantha J. Teague, Kylie M. Gray, Bruce J. Tonge, Louise K. Newman

- Caregiver
  - stress level: ASD > other developmental disabilities
  - ↓ involvement, limit setting ability, satisfaction with parenting
  - Perceived limit setting ability and contributed significantly to stress, anxiety and depression
- Interventions
  - Emerging, mixed results
  - Focused Playtime Intervention: worsening behaviour in control group
  - Video-feedback Intervention to promote Positive Parenting Adapted to ASD: parents less intrusive, increased feelings of competence

Thank you


I don't know how people get eaten by sharks...I mean how do you not hear the music?