



Identifying and Addressing Anxiety in Children with Autism Spectrum Disorder

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Objectives

- At the end of this presentation, participants will be able to:
1. Identify several common manifestations of anxiety in children with ASD
 2. Name 3 factors that contribute to the maintenance of anxiety symptoms
 3. Identify 3 key components of cognitive behavioral intervention for children with ASD and anxiety.
 4. Describe several practical strategies for addressing anxiety in children with ASD.

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Case Examples

- Maria is an 8-year-old with diagnosis of ASD, low average cognitive skills and diagnosis of language disorder with use of phrase speech. She does not want to go to the cafeteria at lunchtime. She often asks to go to the nurse's office before lunch. She often breaks rules while at lunch and is sent to detention.
- Marcos is a 12-year-old with diagnosis of ASD, average cognitive and receptive/expressive language skills. When staff or peers at school approach him or talk to him, he freezes and walks away without responding. He is not able to initiate talking to anyone at school.

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DSM-5 Diagnostic Criteria for Autism Spectrum Disorder

- Deficits in social communication and social interaction (3)
 - Social-emotional reciprocity
 - Nonverbal communication
 - Relationships
- Presence of restricted, repetitive patterns of behavior, interests, or activities (2)
 - Stereotyped or repetitive motor movements, use of objects, speech
 - Insistence on sameness, inflexible routines, ritualized behaviors
 - Restricted, fixated interests
 - Sensory hypo/hyper-reactivity, unusual interest



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What is anxiety?

- *Fear* is a strong emotional response to real or perceived imminent threat
 - Fight or Flight response
- *Anxiety* is **anticipation** of future threat, fear in the absence of real danger
 - Physical tension
 - Worry
 - Vigilance
 - Caution
 - Avoidance



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Symptoms of Anxiety

- Restlessness
- Irritability
- Fatigue
- Somatic complaints
- Difficulty with concentration
- Sleep problems
- Nightmares
- Shyness
- Fearful responses to stimuli
- Physiological over-reactivity
- Difficulty separating from others
- Chronic worry
- Distressing thoughts
- Avoidance
- Repetitive behavior

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Types of Anxiety Disorders

- Separation anxiety
- Specific phobias
- Social phobia
- Generalized anxiety
- Panic attacks
- Agoraphobia



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ASD & Anxiety: Prevalence

- 10-25% of individuals in the general population will develop a psychiatric disorder
- 40-50% of individuals with ASD will experience some anxiety problems
- 11-42% of individuals with ASD will be diagnosed with an anxiety disorder



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ASD & Anxiety

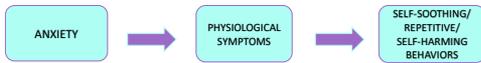
- Based on prevalence, ASD is a risk factor for anxiety
- Individuals with ASD experience increased individual and family stressors
- Independent of ASD severity
- Core deficits of autism impede ability to develop coping strategies



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ASD & Anxiety

- Anxiety can exacerbate the core symptoms of ASD
- Behavior is the best clue!



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Difficulties Diagnosing Anxiety in Individuals with ASD

- Myth of Immunity (Nugent 1997)
- Diagnostic Overshadowing
- Diagnosis more complex
 - Limited language ability
 - Difficulty identifying, distinguishing & describing emotions
 - Rely more on parent report and direct observation
 - Overlapping symptoms

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ASD and Anxiety?

- Are the anxiety symptoms beyond what would be expected for the child's developmental level?
- Do the symptoms cause significant impairment?
- Are there anticipatory fears, worries, or avoidances to differentiate from in-the-moment emotion regulation and sensory difficulties?
- Are the problems beyond the characteristics of ASD?



(Kerns, 2016)

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Co-Occurring Anxiety Disorders Associated With:

- Increased self-injury
- Depressive symptoms
- GI problems
- Social skills deficits
- Family stress
- Increased healthcare needs



(Kerns et al, 2016)

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Risk Factors

- Age
- Developmental level
- Family history of anxiety
- Caregiver accommodation of anxiety
- Cumulative negative life events
- Difficulties with emotion regulation and arousal
- Skill deficits



(Kerns, 2016)

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What "Maintains" Anxiety?

• 3 factors contribute to the maintenance of anxious symptoms

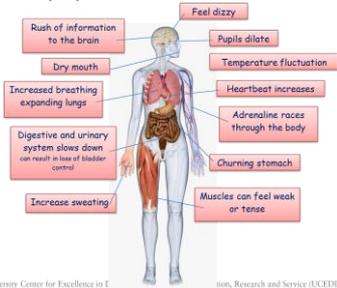
- Physiological components
- Cognitions (beliefs, assumptions, thoughts)
- Behavior (avoidance)



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Physiological Symptoms



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Anxiety and Cognitions

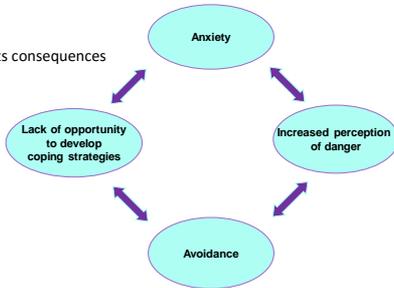


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Behavior

Avoidance and its consequences



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Intervention

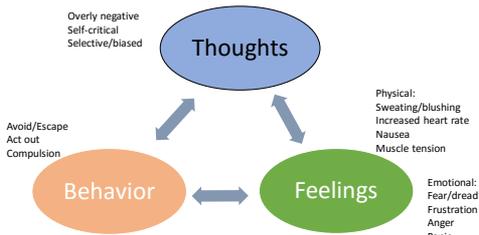
At least one of the following components:

- Cognitive Behavioral Therapy
- Addressing skill deficits
- Medication management



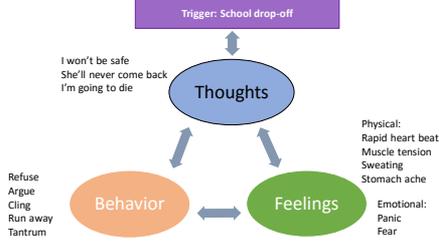
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CBT Conceptualization



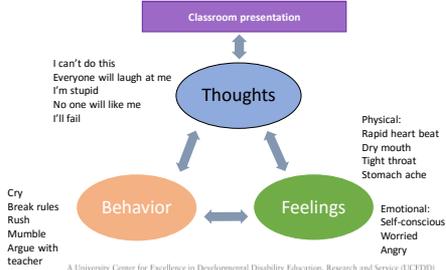
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CBT Conceptualization



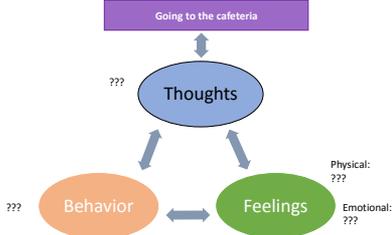
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CBT Conceptualization



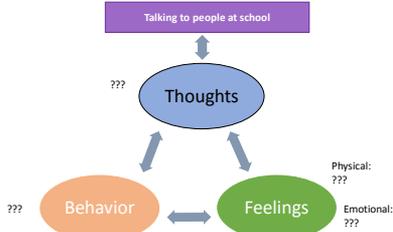
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CBT Conceptualization



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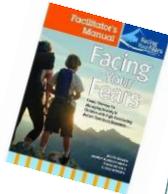
CBT Conceptualization



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Components of Cognitive Behavioral Therapy (CBT)

- Psycho-education (child, caregiver, teacher)
- Coping strategies
- Cognitive restructuring
- Graded exposure (facing fears)
- Relapse prevention



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Psycho-Education

- Define and build vocabulary for anxiety
- Build self-awareness of how anxiety is experienced
- Discuss time and interference
- Connect anxious thoughts and physiological reactions
- Externalize anxiety symptoms



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Psycho-Education: Visual Strategies

Worry Bug



Helper Bug

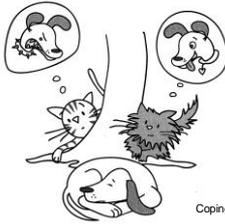


Reaven et al, 2011

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Psycho-Education: Visual Strategies



Coping Cat, Kendall & Hedtke, 2006

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Psycho-Education: Caregivers and Teachers

- Psycho-education about anxiety
- ASD and protective caregiving style
- “Adaptive protection versus excessive protection”
(Reaven & Hepburn, 2006)
- Caregiver role



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Coping Strategies

- Breathing
 - Distraction
 - Self-talk
 - Physical activity
 - Stress-o-meter
 - "Plan to get to green"
- (Reaven & Hepburn, 2006)*



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Cognitive Restructuring

- Size of the problem
- Real danger versus false alarm
- Catastrophizing
- All-or-nothing thinking
- Personalizing



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Graded Exposure: Facing Fears

- Step-by-step
- Gradual exposure to fear
- Break cycle of anxiety
- Test hypothesis
- Build confidence



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Graded Exposure: Hierarchy for Fire Drills



8. In classroom without headphones during fire drill
7. In classroom with headphones during planned fire drill
6. Stand outside school building during planned fire drill
5. Sit in car with windows cracked during planned fire drill
4. Watching video with sound
3. Watching a video of fire alarm without sound
2. Looking at fire alarm in hallway
1. Looking at pictures of fire alarms

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Graded Exposure: Hierarchy for going to cafeteria



- 5.
- 4.
- 3.
- 2.
- 1.

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Graded Exposure: Hierarchy for talking to others at school



- 5.
- 4.
- 3.
- 2.
- 1.

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Relapse Prevention

- Practice coping strategies
- Use stress-o-meter
- Practice facing fears
- Anticipate new triggers
- Identify new targets for graded exposure



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Treatment for Children who are “Lower Functioning”

- Minimally verbal, low IQ, anxiety related behavior (rather than symptoms such as worry).
- Exposure – graduated (desensitization)
- Reinforcement
- Modeling of steps
- Relaxing stimuli (e.g., preferred music or toys)

(Rosen, Connell, & Kerns, 2016)

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Other Treatment Options

- Pharmacological interventions
 - Multiple medication options for depression, anxiety, and ADHD
- Exercise
 - Can increase desired behaviors and decrease challenging behaviors in children with ASD
 - Improves symptoms of depression and anxiety
- Mindfulness therapy
 - Limited research
 - Pilot study indicated effectiveness for reducing symptoms of anxiety and depression in adults with ASD

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ASD and Anxiety at School



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What does it look like at school?

Fear of:

- Being late to class
- Using the restroom
- Talking in class
- Interacting with peers
- Making mistakes
- Asking for help
- Tests
- Fire drills



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What does it look like at school?

- Avoidance/escape behaviors
- Noncompliance
- Increase in repetitive behaviors
- Decreased self-regulation
- Argumentative
- Angry
- Meltdowns
- What else?



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Teacher/Caregiver Strategies

- Stay calm
- Empathize
- Ignore unwanted behavior
- Reinforce brave behavior
- Prevent avoidance
- Prompt coping strategies
- Consult with family/therapist

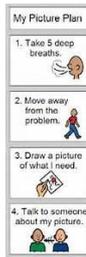


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Teacher/Caregiver Strategies

- Avoid excessive reassurance
- Do not reinforce avoidance
- Be patient
- Don't force the issue
- Model brave behavior
- Use visual supports
- Minimize talking when student is anxious



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Teacher/Provider Strategies: Address Skill Deficits of ASD

- Limited ability to identify and communicate emotional states
- Social skills
- Problem-solving skills
- Direct teaching of skills
- Opportunities to practice and generalize
- Reinforcement



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Case Examples

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Making a Referral

- School staff often has opportunity to observe students in a range of settings and situations
- Observational information is key to intervention
- School staff often plays a key role in referral for outside services
- Discuss concerns/observations with family
- Provide information about how to find community resources

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Resources

- Autism Speaks Autism Treatment Network: <https://www.autismspeaks.org/science/resources-programs/autism-treatment-network>
- National Autism Center: <http://www.nationalautismcenter.org/>
- Reaven, J., Blakeley-Smith, A., Nichols, S., & Hepburn, S. (2011). [Facing Your Fears: Group Therapy for Managing Anxiety in Children with High-Functioning Autism Spectrum Disorders](#), Paul Brookes Publishing Company, Baltimore.
- Autism Family and Provider Resource Team: 1-800-270-1861

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