IDENTIFYING AND MANAGING ANXIETY ON THE AUTISM SPECTRUM

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OBJECTIVES

• Discuss:
  • anxiety and how anxiety disorders are diagnosed
  • the overlap of anxiety and autism
  • approaches to managing anxiety
WHAT IS ANXIETY?

- When there is a real danger, an "alarm" goes off in our bodies to help us prepare for the danger
- Some people have overactive, or false, alarms
- Experiencing anxiety occasionally is a normal part of life and can be adaptive
- Anxiety becomes a disorder when:
  - It is prominent and persistent
  - There are accompanying symptoms
  - It causes significant impact on daily functioning

Symptoms of anxiety can include:

- Feeling nervous, restless, or tense
- Having a sense of impending danger, panic, or doom
- Having an increased heart rate
- Breathing rapidly
- Sweating
- Trembling
- Feeling weak or tired
- Trouble concentrating
- Having trouble sleeping
- Experiencing gastrointestinal (GI) problems
- Having difficulty controlling worry

(Mayo Foundation for Medical Education and Research)
DSM-5 AND ANXIETY DISORDERS

Anxiety disorders:
- Generalized Anxiety Disorder
- Separation Anxiety Disorder
- Selective Mutism
- Social Anxiety Disorder
- Panic Disorder
- Specific Phobias
- Agoraphobia
- Other Specified/Unspecified Anxiety Disorder

Also to consider:
- Obsessive-Compulsive Disorders
- Trauma- and Stressor-Related Disorders

American Psychiatric Association, 2013
HOW COMMON ARE ANXIETY DISORDERS?

CHILDREN & ADOLESCENTS

- Anxiety is one of the most common psychological disorders in children and adolescents (Costello, Egger, & Angold, 2005)
  - Estimates are that 10-20% of youth have an anxiety disorder (Kendall, Crawford, Kagan, Furr, & Podell, 2017)

ADULTS

  - Higher for females (23.4%) than for males (14.3%)
  - Approximately 31.1% of U.S. adults experience any anxiety disorder at some point in their lives
Increased rates of anxiety and anxiety disorders in those with autism

Estimates range from 10-80% for at least one anxiety disorder (White, Oswald, Ollendick, & Scahill, 2009)

A commonly used estimate is closer to 40% (e.g., Simonoff et al., 2008; van Steensel, Bogels, & Perrin, 2011), which is approximately double the rate in the general population

May be more likely to experience specific phobias including medical fears (Evans, Canavera, Kleinpeter, Maccubbin, & Taga, 2005)

Anxiety is present across individuals all levels of cognitive functioning, but the type of anxiety problem may be influenced by cognitive ability (van Steensel et al.; White et al., 2009)
WHAT DOES ANXIETY LOOK LIKE IN PEOPLE ON THE AUTISM SPECTRUM?

- Physical symptoms (e.g., sweating, rapid breathing, increased heartrate), GI problems, trouble sleeping or concentrating
- Can also look like:
  - Emotional lability (e.g., sudden or rapid changes in mood)
  - Emotional responses not matching the situation
  - Behavioral challenges such as aggression, anger, self-injury
  - Hyperactivity or impulsivity
  - Sensory-seeking behaviors
  - Increase in repetitive behaviors or vocalizations
  - Withdrawal or refusal to participate in activities
IS IT ANXIETY OR ASD?

• Not a core symptom of autism
• Change from baseline presentation or functioning
• Symptoms worsen in response to environmental factors (e.g., school return or response to a specific trauma)
• Specific fears
• Symptoms respond to treatment for anxiety
WHAT DO I DO IF I THINK I OR MY CHILD HAS ANXIETY?

- Keep track of symptoms
  - When and where
  - Triggers
  - Specific observations/symptoms
- Discuss with other caregivers
  - Teachers
  - Therapists
  - Child care providers
- Talk with your (or your child’s) doctor
  - Inform of concerns prior to the appointment
  - Allow time for an extended appointment
  - May request questionnaires or recommend referral for additional evaluation
EVALUATING FOR ANXIETY

- May take place with your primary care provider/pediatrician, a psychiatrist, or a mental health provider (e.g., psychologist)
- Components of an anxiety evaluation may include:
  - An interview with you (and your child)
  - Informal observation
  - Information from school providers (if applicable)
  - Rating forms completed by the individual (depending on age), parents/caregivers, and/or a child’s teachers
Cognitive-behavioral therapy (CBT) focused on anxiety

- CBT is evidence-based (e.g., Butler, Chapman, Forman, & Beck, 2006; Chorpita, 2007) and aims to reduce symptoms of anxiety
- CBT teaches individuals to:
  - recognize physical, cognitive, and behavioral forms of anxiety
  - identify specific triggers
  - use a combination of physical, cognitive, and behavioral tools to manage anxiety
- CBT is often provided by a mental health provider one-to-one but there may also be some group therapy options

Optimize other interventions

- ABA
- Speech-language, occupational, and physical therapies
- Educational interventions and supports

Medication(s) sometimes considered as part of a treatment plan for anxiety
WAYS TO SUPPORT YOUR CHILD EXPERIENCING ANXIETY

- Communicate your empathy
- Model brave/non-anxious behavior and use of coping strategies
- Try to prevent avoidance
- Remind the individual to use their coping strategies
- Reinforce brave/non-anxious behavior and use of coping skills

Strategies that are not typically helpful include: excessive reassurance, being too directive, permitting or encouraging avoidance, and becoming impatient
IT CAN BE HELPFUL TO:

- Have an organized, predictable routine at home and school
- Prepare for transitions
- Provide accurate information to remove uncertainty and “unknowns”
- Help recall times they have successfully overcome their anxiety
- Use visual supports (e.g., feelings thermometer) and make things concrete
- Teach relaxation strategies (e.g., deep breathing)
- Coach in positive self-talk
- Support healthy habits (e.g., physical activity, sleep)
# RESOURCES

## PARENTS
- "Freeing Your Child from Anxiety," by Chansky
- “Helping Your Anxious Child,” by Rapee, Spence, Cobham, & Wignall
- “Keys to Parenting Your Anxious Child,” by Mannassis
- The Association for Behavioral & Cognitive Therapy (www.abct.org)
- Anxiety and Depression Association of America (www.adaa.org)

## CHILDREN AND TEENS
- "Wemberly Worried," Ages 4-8, Kevin Henkes
- "What to Do When You Worry Too Much:A Kid’s Guide to Overcoming Anxiety," Ages 6-12, by Huebner
- "The Anxiety Workbook for Teens: Activities to Help You Deal with Anxiety and Worry," by Schab
ADDITIONAL RESOURCES

• Waisman Center Live Presentations
  • 4/23 Autism and Safety
  • 4/30 Autism and Behavioral Supports
• Waisman Center COVID-19 page: https://www.waisman.wisc.edu/covid-19/
• WI Regional Resource Centers: https://www.dhs.wisconsin.gov/cyshcn/regionalcenters.htm
• Autism Society: https://www.autism-society.org/covid-19/
REFERENCES

Thank you for listening!

QUESTIONS?