ANXIETY AND AUTISM SPECTRUM DISORDER

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Objectsives

- Discuss:
  - anxiety and how anxiety disorders are diagnosed
  - the overlap of anxiety and autism
  - behavioral approaches to managing anxiety
  - brief note on medication and autism
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
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?

- Estimates are that 10-20% of youth have an anxiety disorder (Kendall, Crawford, Kagan, Furr, & Podell, 2017)
  - 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
- Anxiety is one of the most common psychological disorders in children and adolescents (Costello, Egger, & Angold, 2005)
Are people with autism more likely to be anxious?

- 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
  - Most common comorbid anxiety disorders include (van Steensel et al., 2011; White et al., 2009):
    - social phobia (17–30%)
    - specific phobias (30–44%)
    - generalized anxiety disorder (15–35%)
    - separation anxiety disorder (9–38%)
    - obsessive-compulsive disorder (OCD; 17–37%)
  - 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 such as sweating, rapid breathing, or increased heart rate
- Emotional lability
- Behavioral challenges such as aggression, anger, self-injury
- Inappropriate emotional responses
- Withdrawal or refusal to participate in activities
- Depressive symptoms
- Sleep difficulties
Is it anxiety or ASD?

- Not a core symptom of autism
- Change from baseline presentation or functioning
- Specific irrational fears
- Symptoms worsen in response to environmental factors (e.g., school return or response to a specific trauma)
- Symptoms respond to treatment for anxiety
I think my child has anxiety – what do I do?

- Keep track of symptoms
  - When and where
  - Triggers
  - Specific observations/symptoms

- Discuss with other caregivers
  - Teachers
  - Therapists
  - Child care providers

- Talk with 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
Behavioral Interventions

- Cognitive-behavioral therapy (CBT) focused on anxiety
  - *CBT is evidenced-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 manifestations of anxiety
    - identify specific triggers
    - use a combination of physical, cognitive, and behavioral tools to manage anxiety
  - *CBT is 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*
Ways to support someone experiencing anxiety

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

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 opportunities to experience the feared situation(s)
- 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
- Coach in positive self-talk
- Normalize and model imperfection
Medications and Autism

- Do not treat core symptoms of ASD
- Used to address co-occurring conditions
- Target symptoms and functional impact
- Weigh the benefits versus risks
  - Consider alternatives to medication
  - Side effects/adverse reactions
- Response is variable from person to person
- Should always be combined with behavioral, psychological, and/or education interventions
Medications in Children

- Few medications are FDA approved for children under 6 years of age
- There are limited randomized, placebo-controlled, double-blinded studies done in children
- Even fewer studies exist in children with ASD
Child-Adolescent Anxiety Multimodal Study (CAMS; Walkup et al., 2008)

- 488 children (ages 7–17 years) with anxiety disorders (not specific to ASD)
- Compared CBT (Coping Cat intervention; Kendall, 1990; Kendall & Hedtke, 2006a, 2006b), medication (sertraline [SRT]), the combination of CBT and medication (COMB), and pill placebo (PBO)
- Children in COMB group found to have better outcomes than those in any monotherapy group (80%)*
- Both CBT (60%) and medication (55%) were significantly better than placebo (24%)

*% found to be much or very much improved at posttreatment
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
References