



HASSENFELD
CHILDREN'S
HOSPITAL
AT NYU LANGONE

Department of Child and Adolescent Psychiatry
Child Study Center

Autism Spectrum Disorder (ASD) and Anxiety

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This workshop is brought to you by the New York State Regional Center for Autism Spectrum Disorders at The Child Study Center at Hassenfeld Children's Hospital at NYU Langone



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DSM-5 ASD: Core Symptoms & Associated Conditions



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Identifying Co-Occurring Disorders with ASD

- Communication impairments
 - Nonverbal
 - Cannot express what they are feeling in the same way that others can
- Cognitive difficulties associated with ASD
 - Theory of mind impairments
 - Complex information processing deficits
 - Executive functioning
- *Difficulty describing mental states and daily life experiences

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Prevalence of Co-Occurring Anxiety

- Prevalence of co-morbid anxiety disorders ranges
 - 43% met criteria for at least 1 anxiety disorder (Sukhodolsky et al 2008)
 - In Simonoff et al 2008, 29% had social anxiety
 - In Leyfer et al 2006, 44% had a specific phobia

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Importance of Identification

- Evidence-based treatment for psychiatric conditions
- Treatments modifications
 - Application of evidence-based practices for ASD
- Reframe behaviors that are experienced and labeled as oppositionality, passive-aggressiveness, laziness, stubbornness
- Provides caregiver with structure, clarification, and hope

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Dual Diagnosis

- Historically, comorbidity of psychiatric disorders have not been adequately assessed in individuals with developmental disabilities
- Diagnostic Overshadowing (Reiss, Levitan, & Szysko, 1982)
 - Emotional disturbances overshadowed by significant cognitive deficits
 - Maladaptive behaviors viewed as symptomatic in non-DD group are considered part of the repertoire of the DD individual (Rush et al, 2004)

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Assessment of Anxiety in ASD

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Anxiety vs. Fear vs. Phobias vs. Panic

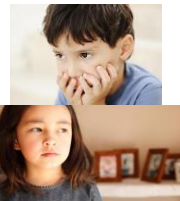
- Anxiety:**
 - Future-oriented state, may occur in absence of realistic danger
 - Adaptive nature of anxiety
- Fear:**
 - Present-oriented emotional reaction to current danger
 - Characterized by alarm and strong escape tendencies
- Phobias:**
 - Exaggerated fears or more persistent/disturbing fears
 - Result in avoidant behavior that is disproportionate to the demands of the situation
- Panic:**
 - Sudden and unexpected fight/flight response
 - Can be in absence of obvious danger or threat

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Specific Anxiety Disorders

- Separation Anxiety Disorder
- Specific Phobia
- Generalized Anxiety Disorder (GAD)
- Panic Disorder
- Agoraphobia
- Social Anxiety Disorder
- Selective Mutism
- OCD used to be classified as an anxiety disorder



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Common Triggers for Anxiety in ASD

- Change
- Transition to a new activity
- Disruption of routine
- Social Situations
- Fear of failure
- Center of Attention
- Sensory experiences
- Unclear social rules

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Symptom Expression of Anxiety in ASD

- Avoids novelty
- Withdraws from social situations
- Resists changes in routines
- Prefers rules
- Narrow focus of attention
- Insists on sameness
- Increases repetitive behaviors and/or intensity of special interest
- Becomes irritable easily
- Emotional outbursts
- Increased cognitive inflexibility

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“Unusual” Phobias/Fears Common in ASD

- Weather
- Toilets
- Fear of Laughter (or being laughed at)
- Can be associated with sensory sensitivities (e.g., wind; hand dryers)

Attwood, 2016

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Distinguishing Normal vs. Clinical Anxiety

- Three Dimensions used to determine clinical anxiety
 - Intensity
 - The degree to which distress is experienced
 - Impairment
 - Does the distress interfere with the child's daily life?
 - Lack of Flexibility
 - Can the child recover from distress when the event is not present

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Distinguishing Normal vs. Clinical Anxiety

- Anxiety becomes a problem when it affects one's ability to learn, to make friends, and to have fun
- Anxiety is marked by avoidance of the feared object, event, or situation
- Avoiding the feared stimulus decreases anxiety, creating a cycle where not facing your fear is rewarded.

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Treating Anxiety Disorders in ASD

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Cognitive Behavioral Therapy (CBT)

- Begins with an assessment of nature & degree of problems associated w/ emotions and behaviors
- Change-focused approach using a variety of methods for intervention (can be delivered individually or in group format)
 - Psycho-education and teaching about “false-alarm”
 - Focus is on connection between thoughts, feelings, & behaviors/actions
 - Cognitive restructuring
 - Problem solving
 - Relaxation techniques
 - Self-monitoring
 - Exposure therapy
 - Relapse prevention
 - Therapist & patient collaborating together to devise goals & plan a schedule of activities
 - Homework between sessions is essential for continued practice & generalization

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Considerations when Implementing CBT with Children with ASD

- Modify based on developmental level and learning style
- Increase use of visuals and reinforcements
- Incorporate affective education into program
- Use individual's interests within curriculum (e.g., coping thoughts)
- Behaviorally based interventions (e.g., graded exposure)
- Take sensory issues into consideration
- Parent involvement!
- Incorporate social, communication, and adaptive skills development

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Social Stories

The noise you hear is a fire alarm.
It is OK. Get in line behind me.

When I'm Frustrated

Sometimes I get really frustrated and mad.

I want to throw things, hit people, yell, and cry.

If I act that way, I can get in trouble and people won't want to be my friend.

When I am frustrated, I need to take a deep breath, I can ask for a break, take a walk, get a drink of water, or put my head down.

I tell people around me, "I am frustrated right now." I use my words. Soon I will feel better.



Targeting Thoughts

- Automatic Thoughts
 - We all have them
 - Identify "worry" thoughts
- Examples:
 - "Something bad is going to happen"
 - "I can't do this."
 - "I need my mom to make me feel better."
 - "I'll be embarrassed."
 - "What if I do something stupid?"



Targeting Thoughts

- Cognitive Restructuring
 - Develop "Challenge" thoughts
 - Help child recognize their worry thoughts and dispute them with realistic evidence
 - Become a detective!
 - Develop coping thoughts and self-talk
- Examples:
 - "I can do this."
 - "I've never failed a test before."
 - "Most dogs are friendly."
 - "People fly on airplanes every day."
 - "What is the worst that can happen?"
 - "Am I 100% sure that _____ will happen?"



Identifying Thoughts and Feelings with Visuals

- Using Visual Supports
 - Thought bubbles where children can write down their negative thoughts & coping thoughts
 - Outlining the body and identifying particular areas where emotions are experienced with increased intensity.
 - Cartoons where children can write out symptoms of and situations in which anxiety or sadness occurs the most and generate coping thoughts.
 - Other drawing exercises or videos (e.g., creating your own movie about how you face your anxiety and cope in different contexts); social stories.



Exposures for anxiety

- Exposures and facing feared stimulus in a gradual progression
 - Create fear hierarchy
 - Use fear thermometer to gauge child's distress
 - Reward child for facing the scary situation and using calming strategies



Stress Reduction: Relaxing Activities

- Music
- Computer
- Reading
- Sensory
- Yoga



Stress Reduction: Calming Routines

- Deep Breathing
- Progressive Muscle Relaxation: Tensing and Relaxing
- Imagery/Visualization
- Mindfulness Scripts
- Mantras/Helpful thoughts
- Props: Stress balls

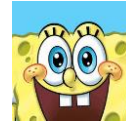


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Stress Reduction: Specific to ASD

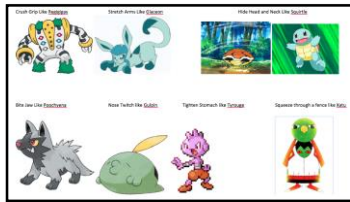
- Special Interests
- Sensory Tools
 - Ear plugs/headphones
 - Weighted blanket
 - Sensory input



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Progressive Muscle Relaxation: Visual Supports Example



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Considerations when implementing CBT with Children with ASD

Increasing Parent Involvement

- Parents are taught to become co-therapists and coaches by encouraging exposures, coping strategies and self-help skills and by giving lots of positive reinforcement. Parents also encouraged to model effective coping skills using simple and concrete language. Asking, "what else can you do?" and providing different options.
- **Safety plans** for suicidal/self-harm ideation and behaviors; including parents is essential.
- **Social skills training and training in other areas (adaptive behavior, communication)** should also be involved in treating anxiety in youth with ASD (e.g., fear hierarchies can include steps toward making friends); behavioral rehearsal of skills; role plays; behavioral activation also focused on increasing social opportunities.

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Role of Parents in CBT

- **Increasing Parent Involvement**
 - Act as coaches by encouraging exposures, coping strategies and self-help skills
 - Give lots of positive reinforcement
 - Model effective coping skills using simple and concrete language
 - Asking, "what else can you do?" and providing different options.
- **Social skills training and training in other areas (adaptive behavior, communication)** should also be involved
 - e.g., fear hierarchies can include steps toward making friends
 - Practicing skills
 - role plays
 - increasing social opportunities

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What Else Can Parents Do?

- Validating feelings in the moment
- Changing environment:
 - Increase predictability (e.g., using Visual Supports, Social Stories, timers, countdowns)
 - Offer choices ahead of time to give child a sense of control
 - Pair anxiety-provoking situation with highly positive stimuli (e.g., favorite song, toy etc.)
- Teach:
 - Teach to ask for a break from stressful or anxiety-inducing activities. Encourage child to use this communication skills when anxious (e.g., "I want a break," use Break Card, or to ask, "What is happening next?").
 - Prompt use of relaxation strategies (e.g., deep breathing, progressive muscle relaxation) in times of calm and distress
 - Teach child to request a calming object or calming activity and reward communication

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What Else Can Parents Do?

- Provide positive reinforcement for "brave behavior" or "facing your fear," not for anxious behavior
- Response to anxiety
 - Be mindful of your own feelings & reactions
 - Convey confidence in your child's ability to handle distressing situations
 - Model your own courageous behavior and coping skills (e.g., taking a break if needed); also model ways to repair conflict should it arise during stressful events/interactions
- Helping child make connection between thoughts, feelings & behaviors/reactions/actions
- Work together with your partner to create a plan and be on the same page.

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What Else Can Parents Do?

- Pick your battles
- Humor
- Principles of Attention
 - Positive Reinforcement
 - Negative Reinforcement (removing aversive stimuli in response to anxious reaction reinforces anxious behavior)
- Attention is attention, regardless of positive or negative tones!
- Watch out for inadvertently reinforcing anxious behaviors
 - Pulling children out of uncomfortable situations may reinforce cycle of anxiety



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Parent Coaching Strategy: CALM

- Catch your breath: pause to think or withdraw briefly to become calm and plan a response.
- Accept Negative Feelings: Wait patiently and respond to angry or worried comments with "Hmm.. Oh... I see."
- Label Emotions: "You seem really nervous."
- Model Coping Skills: show your child, through your behavior, how to remain calm and collected.

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Specific Evidence-based Treatments for ASD and Anxiety

Given relationship between anxiety and social skill deficits, a social skills component should always be included in treatment.

- **BIACA** (Behavioral interventions for Anxiety in Children with Autism, intervention adapted from *Building Confidence CBT Program* ages 7-14)
- **Facing your Fears** (ages 7-14)
- **MASSI** (Multimodal Anxiety and Social Skills Intervention, ages 12-17; based on CBT & ABA)
- **PEERS** (Program for the Education and Enrichment of Relational Skills, ages 11-17; not specific to anxiety but some research has shown decrease in social anxiety)



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Questions?

Please complete the online evaluation that will be emailed to you in the next few days!

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Thank you

