Autism Spectrum Disorders & Anxiety

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Overview

- Autism Spectrum Disorder – Info & facts
- Anxiety Disorders – Info & facts
- Examples of typical fears and worries
- Symptoms of Anxiety in Neurotypicals
- Overview of various Anxiety Disorders
- Anxiety and ASD – Info & facts
- Unique symptoms of Anxiety in Individuals with ASD
- Treatment factors
- Evidenced based treatments for Anxiety
- Treatment Tips
- Future treatment options for individuals with Anxiety & ASD
- Resources
Autism Spectrum Disorders

- A neurodevelopmental disorder with lifelong impact on multiple domains of functioning-
  - Social communication – verbal & nonverbal
  - Social interaction
  - Restricted and repetitive behaviors and interests
Autism: Prevalence Rates and Facts

- Estimated that one in every 68 children in U.S. is diagnosed (U.S. Centers for Disease Control and Prevention Autism and Developmental Disabilities Monitoring Network – CDC-ADDM, 2012)

- Almost 50% of children identified with ASD have average or above-average intellectual ability

- Studies show autism is 5 times more common among boys than girls.

- Most children are diagnosed after age 4 despite our ability to diagnose as early as 18-24 months.
Anxiety Disorders

- Excessive fear and anxiety & related behavioral disturbances
  - Fear = emotional response to imminent threat
  - Anxiety = anticipation of future threat

- Differ from developmentally appropriate or transient fears by being persistent and lasting longer than normal.

- The presence of anxiety symptoms in adolescence is a significant predictor of an anxiety disorder in adulthood (Pine et al., 2005).

- More prevalent in females (ratio of 2:1 with males).

- Most common mental illness in U.S. (40 million adults; 18% of population; NIMH).
Common Fears and Worries

- **Infants:** loud noises, strangers
- **Toddlers:** the dark, monsters, separation from parents
- **School-age:** physical injury, storms, school
- **Teenagers:** social evaluation and school performance
Common Stressors

- Divorce
- Family move or friend moves away
- Loss of pet
- Break up with girlfriend/boyfriend
- Poor performance at school/test
- Death of relative
- Transition to middle school/high school
Symptoms of Anxiety for Neurotypicals

- Recurrent fears and worries
- Difficulty falling asleep or nightmares
- Hard to relax
- Difficulty separating from parents
- Scared about going to school
- Irritability, crying, tantrums
- Uncomfortable in social situations at school, restaurants, parties
Separation-Anxiety Disorder

- Excessive fear and distress when separated from parents/primary caregivers or home
- Worry about parents’ health and safety
- Difficulty sleeping without parents
- Difficulty alone in another part of the house
- Complain of stomachaches and headaches
- May refuse to go to school or playdates
Selective Mutism

- Unable to speak in certain situations (school) despite able to speak in other settings (home)
- Difficulty speaking, laughing, reading aloud, singing aloud in front of people outside the family or their “safe zone”
- Speech/language development normal, but may have some speech/language difficulties
- Parents or siblings often speak for the child
- Often have symptoms of social phobia as we
Specific Phobia

- Excessive fear of a particular object or situation
- May avoid the feared object or situation
- Impair functioning
- Common phobias: animals/insects, heights, storms, water, darkness, blood, shots, traveling by car/bus/plane, elevators, loud noises, costumed characters, doctor or dentists, vomiting, choking, catching a disease
Social Phobia

- **Excessive fear or discomfort in social or performance situations**
- Individual fears they will act in a way which will be negatively evaluated
- The social situation invokes fear and is avoided
- Duration of fear is 6 months or more
- Difficulty participating in class, working in groups, attending gym, using public rest rooms, eating in front of others, starting conversations, making new friends, talking on the phone, having picture taken
Social Phobia

- Commonly feared social situations:
  - Public performances (reading aloud in front of class, music/athletic performances)
  - Ordinary social situations (starting or joining conversations, speaking to adults)
  - Ordering food at restaurants, attending dances and parties, takings tests, working or playing with other children, asking teacher for help (Beidel et al. 1999)

- Diminished social skills, longer speech latencies, fewer or no friends, limited activities, school refusal (Beidel et al. 1999)
Panic Disorder

Recurrent and unexpected panic attacks

- An abrupt surge of intense fear or discomfort which reaches a peak within minutes includes:
  - Hear palpitations
  - Sweating
  - Shaking/Trembling/Chills
  - Shortness of breath, feelings of choking
  - Chest pain or discomfort
  - Nausea
  - Dizzy/Faint
  - Fear of losing control and death
  - Feeling detached from yourself
Panic Disorder

- Panic attacks followed by one month or more of the following:
  - Persistent worry about additional panic attacks
  - A significant change in behavior related to the attacks (e.g., avoidance)
Generalized Anxiety Disorder (GAD)

- Excessive anxiety and worry about a number of different things for more days than not for the past 6 months
- Individual finds it difficult to control the worry
- At least 3 of these symptoms:
  - Restlessness
  - Being easily fatigued
  - Difficulty concentrating
  - Irritability
  - Muscle tension
  - Sleep disturbance
Generalized Anxiety Disorder (GAD)

- Often perfectionists
- Anxiety may be significant, but not apparent to others
- Physical complaints are common
- Excessive self-consciousness, frequent reassurance-seeking, worry about negative consequences
Obsessive-Compulsive Disorder (OCD)

- **Presence of obsessions, compulsions, or both**
  - **Obsessions** = recurrent thoughts, urges, or images experienced as intrusive, unwanted and cause anxiety or distress. The individual tries to ignore or suppress the thoughts, urges, or images or neutralize them with a thought or action.
  - **Compulsions** = repetitive behaviors or mental acts the person feels driven to perform in response to obsession or rules which are rigid. Behaviors are aimed at reducing anxiety or distress or preventing some event.
  - Obsessions and Compulsions are time consuming (> 1hr daily)
Anxiety Disorders & ASD

- Anxiety symptoms have been found to occur in **30-84%** of individuals with ASD (White et al., 2009).

- A recent analysis of the literature suggests **40%** of individuals with ASD meet criteria for an anxiety disorder (Van Steensel & Bogels, 2011).

- Associated with increased maladaptive behavior, social skills deficits, and negative life experiences (Kim et al., 2000; Bellini, 2004; Farrugia & Hudson, 2006).

- Higher functioning children considered to be a greater risk for anxiety disorders (Bellini, 2006).
Symptoms of Anxiety in ASD Individuals

- Nonverbal individuals
  - Changes in sleep or eating habits
  - Increase in challenging behaviors

- Increased repetitive behaviors and insistence on sameness associated with more anxiety (Rodgers et al., 2012)

- Restricted interests significantly linked with increased presence and severity of anxiety symptoms (Spiker et al., 2012)
What to do?

- Seek a professional evaluation for diagnosis and treatment options
  - Psychologist or psychiatrist
  - Usually require a referral from your PCM
  - Make sure the specialist coordinates care with your medical providers, other treatment providers, and school team
  - Psychoeducation for parents, family, school team is important
Factors to Consider for Treatment

- Age of Child or Individual
- Severity and Duration of Anxiety Symptoms
- Intellectual Ability
- Language skills
- Level of Parental Anxiety
Evidenced Based Treatment for Anxiety Disorders

- Cognitive-Behavioral Therapy (CBT)
  - Psychoeducation
  - Skills training – somatic management
  - Cognitive awareness/restructuring
  - Exposure activities
  - Relapse prevention – booster sessions
- Medication
  - Selective Serotonin Reuptake Inhibitor (SSRI)
Treatment Tips

- Use of reinforcers to increase motivation for exposure exercises
- For younger children use toys, visual supports, cartoons to teach skills
- Use feelings thermometer
- Use gradual exposure approach (e.g., imaginal, role plays, actual experience)
- Cognitive restructuring good with teens and adults
Possible Interventions to Reduce Anxiety in Individuals with ASD

- Focus on reducing Restrictive/Repetitive behaviors
- Promote flexibility
- Reduce repetitive play
Resources – Books (Parents)

- *Helping Your Anxious Child* (Rapee, Wignall, Spence, Cobham, 2008)
- *Keys to Parenting Your Anxious Child* (Manassis, 2008)
- *Freeing Your Child from Anxiety* (Chansky, 2004)
- *Helping Your Child with Selective Mutism* (McHolm et al, 2005)
- *When Children Refuse School: Parent Workbook* (Kearney & Albano, 2007)
- *Talking Back to OCD* (John March, 2006)
Resources – Books (Children)

- *What To Do When You Worry Too Much* (Huebner, 2005)


- *Blink, Blink, Clop, Clop: Why Do We Do Things We Can't Stop? An OCD Storybook* (Moritz & Jablonsky, 2001)

Resources – Books (Adolescents)

- *Riding the Wave Workbook* (Pincus, Ehrenreich & Spiegel, 2008) for adolescents with panic disorder
- *Anxiety Disorders* (Connolly, Simpson & Petty, 2005) for middle & high school students to help them understand anxiety disorders and reduce stigma with stories and drawings from youth with anxiety.
- *Socially Curious and Curiously Social: A Social Thinking Guidebook for Bright Teens and Young Adults* (Michelle Garcia Winner & Pamela Crooke)
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