

# Autism Spectrum Disorders and Comorbid Anxiety Disorders in Children and Adolescents

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# Disclosure

- The presenters have no financial relationship to this program.

# Objectives

- Recognize the signs and symptoms of anxiety disorders in children with autism.
- Identify the components of a diagnostic assessment for comorbid anxiety disorders in children with autism.
- Incorporate evidence based interventions for treating comorbid anxiety disorders in children with autism.
- Empower children with autism to self-address symptoms of anxiety across various settings.

# What is Autism?

- A pervasive developmental disorder featuring deficits in social communication and social interaction across contexts, as well as the presence of restricted and repetitive patterns of behavior, interests, or activities

American Psychiatric Association, 2013

- Prevalence: 1 in 68 (CDC, 2014)
- Likely decrease to 1 in 100 based on DSM-5 criteria
- Highly heterogeneous group

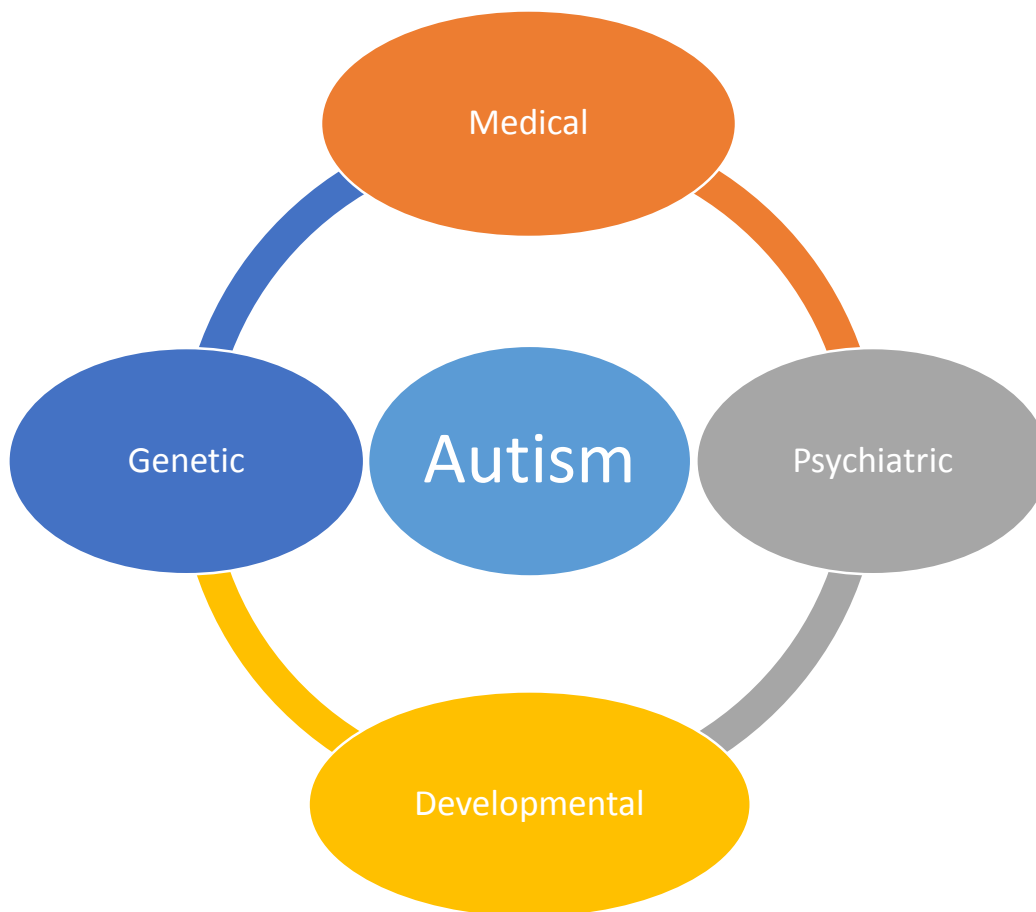
# DSM-5 ASD Diagnostic Criteria

- Deficits in social communication (3)
  - Social approach/interaction
  - Nonverbal communication
  - Relationships
- Presence of restricted, repetitive patterns of behavior, interests, or activities (2)
  - Stereotyped or repetitive motor movements, objects, or speech
  - Routines
  - Restricted interests
  - Sensory differences

# How is Autism Diagnosed?

- Common Screening Tools
  - *M-CHAT-R, STAT*
  - *SCQ*
- “Gold Standard” diagnostic evaluations include:
  - Developmental and medical history
  - Speech and language testing
  - Cognitive testing
  - *ADOS-2* evaluation

# ASD and Comorbidities



# ASD and Anxiety

- 18% of individuals in the general population
- 40-80% of individuals with ASD (Autism Speaks)
- Many children with autism experience elevated levels of anxiety
- Not all anxiety is a disorder
- Associated with amplification of core symptoms of ASD, behavioral symptoms (i.e., tantrums, aggression, and self-injury)



# Characteristics of Anxiety Disorders

- Core features
  - Excessive feelings of worry, fear, and/or avoidance
  - Can be specific fears such as social situations or phobias or general feelings of anxiety
  - Can include obsessive compulsive disorders
- Autism-related associated features
  - May show anxiety in social situations that inhibit functioning
  - Ritualistic behaviors can become obsessive/compulsive
  - Avoidance of certain situations due to sensory concerns

# Types of Anxiety Disorders

- Specific Phobias (30%)
- Social Anxiety Disorder (17%)
- Obsessive-Compulsive Disorder\* (17%)
- Separation Anxiety (9%)
- Generalized Anxiety Disorder (15%)
- Panic Disorder (2%)

# When to Consider an Additional Diagnosis

- There are concerns beyond ASD diagnostic criteria
- Behavior is beyond expectations for developmental level
- Concerns cause significant impairment
- Child has not responded to simple behavioral interventions (i.e., adding structure, routine)
- Changes in functioning/newly emergent anxiety
- Anticipatory worries, fears, and avoidances beyond in the moment emotion regulation and sensory challenges

# Challenges in Diagnosis

- Masking
- Overshadowing
- Symptom overlap
- Differences in manifestation of anxiety
- Difficulty with self awareness of symptoms
- Choosing appropriate instruments
  - Age, norming

# Manifestations of Anxiety in ASD

- More likely to be associated with “acting out” behaviors (Evans et al., 2005)
- High prevalence of social anxiety and specific phobias
- OCD or Restricted/Repetitive Behaviors?
- Higher IQ = higher risk for behavioral difficulties
- Anxiety around aspects of life requiring language, social interaction

# Making a Comorbid Diagnosis

- Self, Parent, and Teacher Report Rating Scales
  - *CBLC, BASC-2, MASC-2, **SCARED***
  - *The SCARED is available at no cost at [www.wpic.pitt.edu/research](http://www.wpic.pitt.edu/research) under tools and assessments, or at [www.pediatricbipolar.pitt.edu](http://www.pediatricbipolar.pitt.edu) under instruments.*
  - Lower functioning children: *Diagnostic Assessment for Handicapped Individuals, 2<sup>nd</sup> Edition (DASH-II); DSM-IV*
- Clinical interviewing
- Gather additional information from caregivers and teachers
  - How is child functioning across settings?

# Considerations in Information Gathering

- Measures are not normed on this population
- Symptoms may already be explained by ASD diagnosis
- What is the purpose of making the diagnosis?
  - Benefit to the child

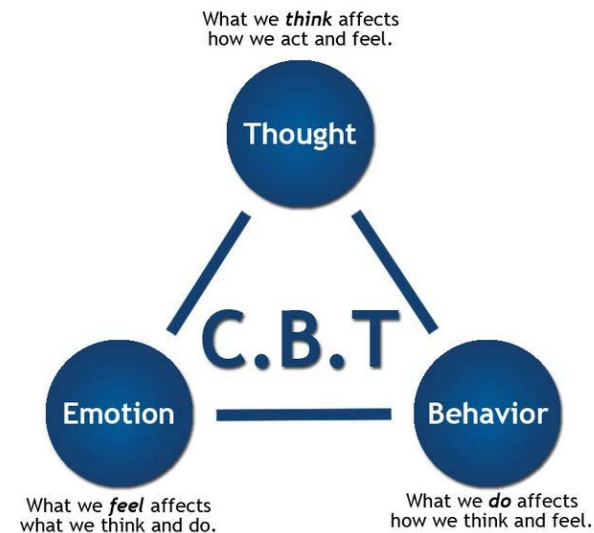
# Remember: When to Consider an Additional Diagnosis

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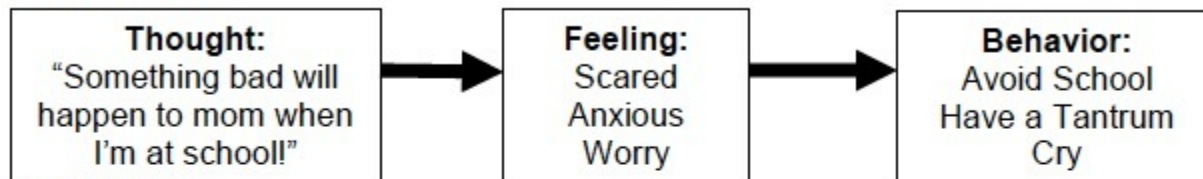
# Treatment

- Effectiveness of cognitive behavioral therapy (CBT) for anxiety disorders in children and adolescents has been demonstrated across multiple studies and age groups (e.g., Albano & Kendall, 2002; Compton et al., 2004).



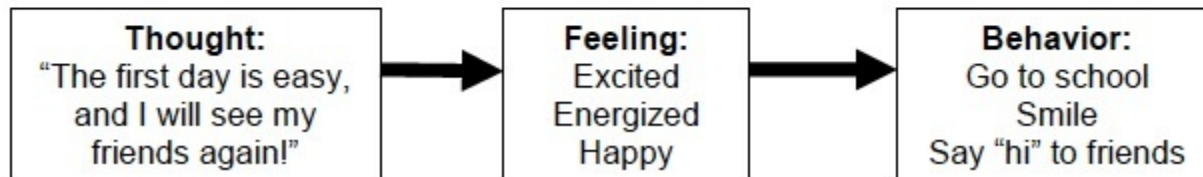
# CBT for Anxiety in Children

*Anxious Thoughts*



*Or alternatively,*

*Helpful Thoughts*



# Modifications of CBT for Children and Adolescents with ASD

- Increasing affective education
- Increasing use of visual approaches
- Emphasizing behavioral aspects
- Incorporating special interests
- Increasing parent involvement

(Green & Wood, 2013)

# Increasing Affective Education

- Simplify and reinforce connections among physiological feelings, anxious thoughts, and anxiety-related behaviors
- Add additional practice in recognizing facial expressions related to anxiety
  - Ex.: drawing individual emotions, creating a scrapbook for emotions with pictures that elicit the emotion for the client, using metaphor of becoming a scientist
    - (Atwood, 2003; Green & Wood, 2013; Sofronoff et al., 2005).

# Emphasize Use of Visual Approaches

Name: \_\_\_\_\_

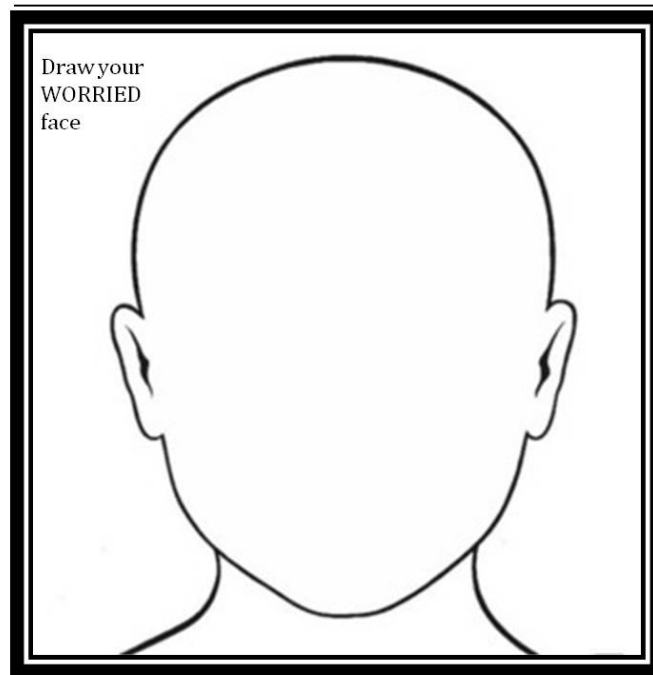
When I was WORRIED

1. I felt WORRIED when \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Drawing exercises
- Cartoons
- Videos
- Worksheets and multiple choice lists

(Green & Wood, 2013; Wood et al., 2009)



# Increasing Behavioral Intervention Components

- Increasing exposure component of treatment
- Coping Cat program 8 out of 16 sessions of exposure therapy
- ASD adaptation 12 out of 16 sessions of exposure therapy (Wood, Drahota, Sze, Har, et al., 2009)
  - Practice using coping skills during process of in vivo exposure
  - Parent involvement in ABC's of behavior

(Green & Wood, 2013)

# Incorporating Special Interests

- Can increase participation and motivation
- Integrate special interests when teaching CBT concepts
- Relate coping strategies to special interest

(Atwood, 2003; Green & Wood, 2013; Wood et al., 2009)

# Increasing Parent Involvement

- Parent psychoeducation about ASD and risks for anxiety
- Parents as coaches
- Parent training

(Green & Wood, 2013)



# Treating Co-Occurring Difficulties in ASD

- Deficits in social skills, communication, and adaptive behavior can intensify anxiety
- Adaptions of CBT for anxiety can include social skills training:
  - Learning to make eye contact
  - Using appropriate tone of voice
  - Maintaining a conversation
- Fear hierarchies that include steps toward making friends and self-help skills

(Green & Wood, 2013; White et al., 2009; Wood et al., 2009)

# Evidence for CBT for Youth with ASD and Anxiety

- Behavioral Interventions for Anxiety in Children with Autism (BIACA)
  - Modification of Building Confidence (Wood & McLeod, 2008) for youth with ASD
    - 16 weekly sessions, 90-min sessions – 30 min spent with child, 60 minutes with family
    - Intervention components: psychoeducation, reward system, KICK plan, behavioral exposure, parent training, playdates, social coaching, school involvement
    - Research support: (Drahata et al., 2011; Storch et al., 2013; Wood et al., 2009)

# Additional Evidence for Modifications of CBT for Youth with ASD and Anxiety

Authors (year)	Adaptation
Chalfont et al. (2007)	Program extended, more visual aids and worksheets, more exposure, exposure as homework, simplified cognitive activities
Reaven et al. (2008)	Token reinforcement, visual structure and routine, worksheets, made own movie, video modeling, parent participation
Scarpa & Reyes (2011)	Shorter sessions, songs, stories, and activities, parent training, parent psychoeducation group, use of “toolbox” metaphor for coping strategies
Sofronoff et al. (2005)	Child as scientist/explorer, use of “toolbox” metaphor for coping strategies
Wood, Drahota, Sze, Har, et al. (2009)	Parent training, improving daily living skills, addressing social skills at home, at school, in public, peer buddy and mentoring.

Questions?

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