

UCLA Tarjan Center Distinguished Lecture Series
May 15, 2023

Supporting Your Child with Autism through Anxiety: Strategies and Resources

Joseph Armendarez, Ph.D.
Licensed Psychologist
Credentialed School Psychologist





Disclosers

- Trained as a Facing Your Fears group leader
- The following recommendations are based on my professional practices and are not associated with UCLA.



Presentation Overview

Autism Spectrum Disorder (ASD)

Anxiety and ASD

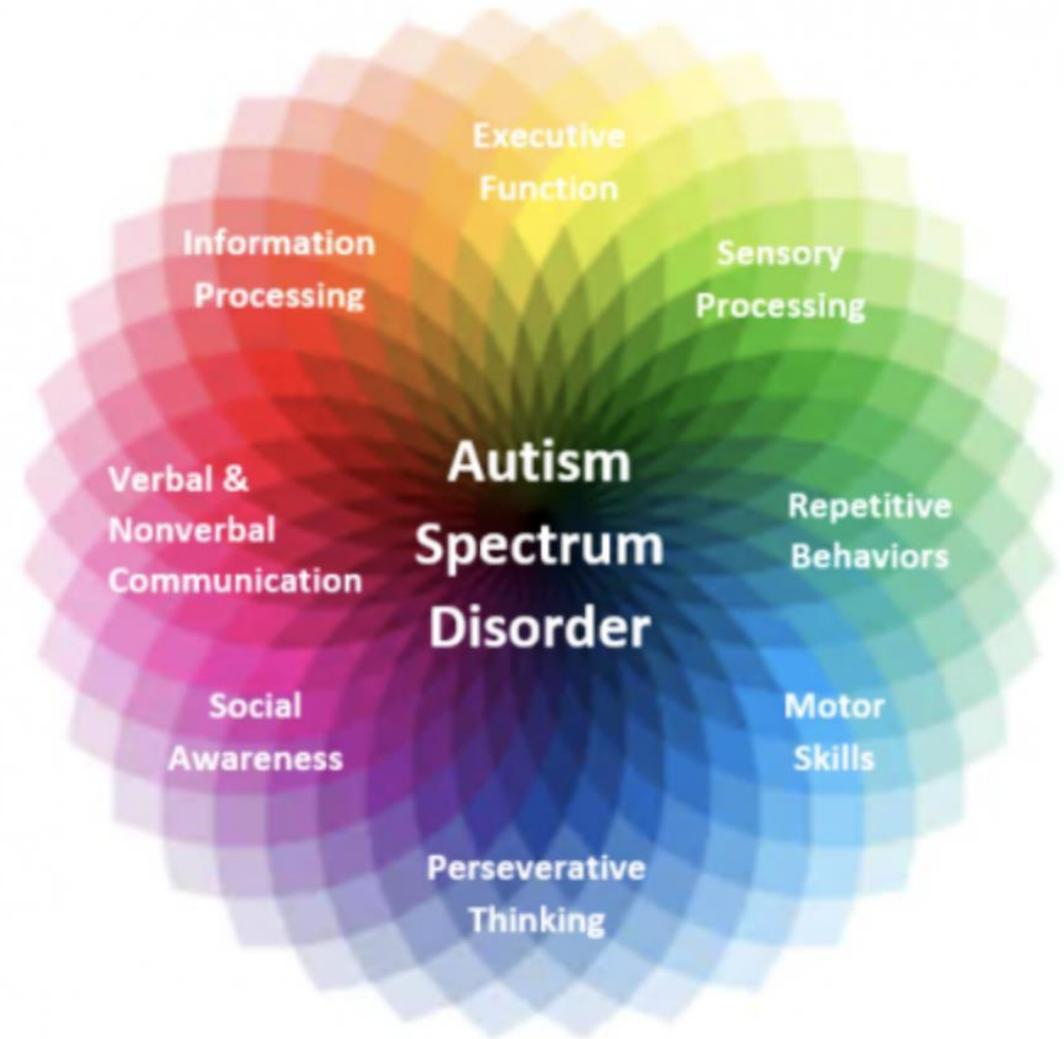
Common triggers

What are the best treatments?

Additional suggestions

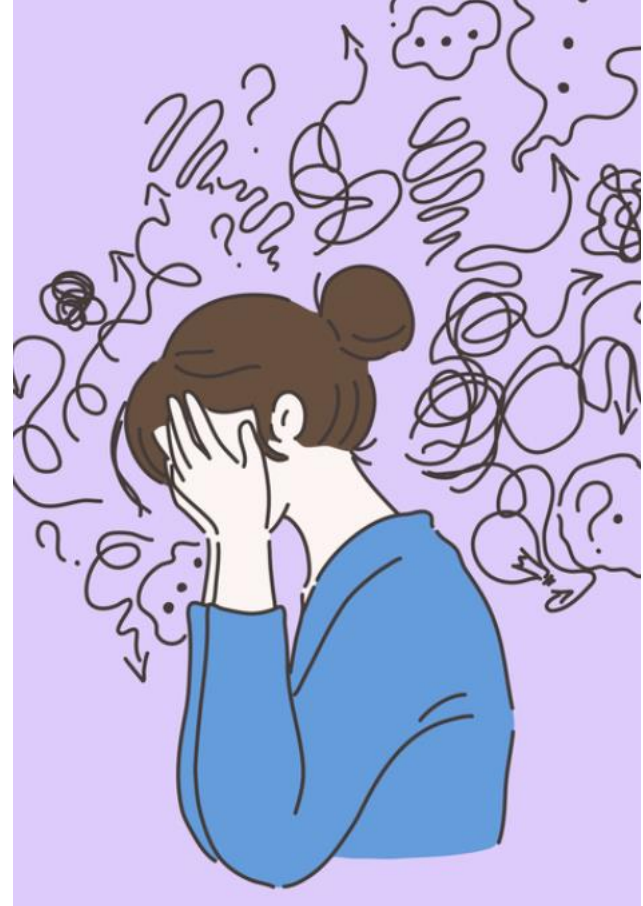
Resources

Autism Spectrum Disorder (ASD)



Anxiety Rates for children

Anxiety 9.4%
(approximately 5.8 million)



Anxiety Rates for children with ASD

Autistic youth - **~40%** with a comorbid anxiety disorder
(van Steensel et al., 2011)

With other research indicating rates between **42 to 79%** (Kent & Simonoff, 2017)

What is anxiety?

- “Fear in the absence of real danger” (Manassis, 1996)
- Human experience that we all share
 - However, when the fear takes over then we would consider an anxiety disorder.



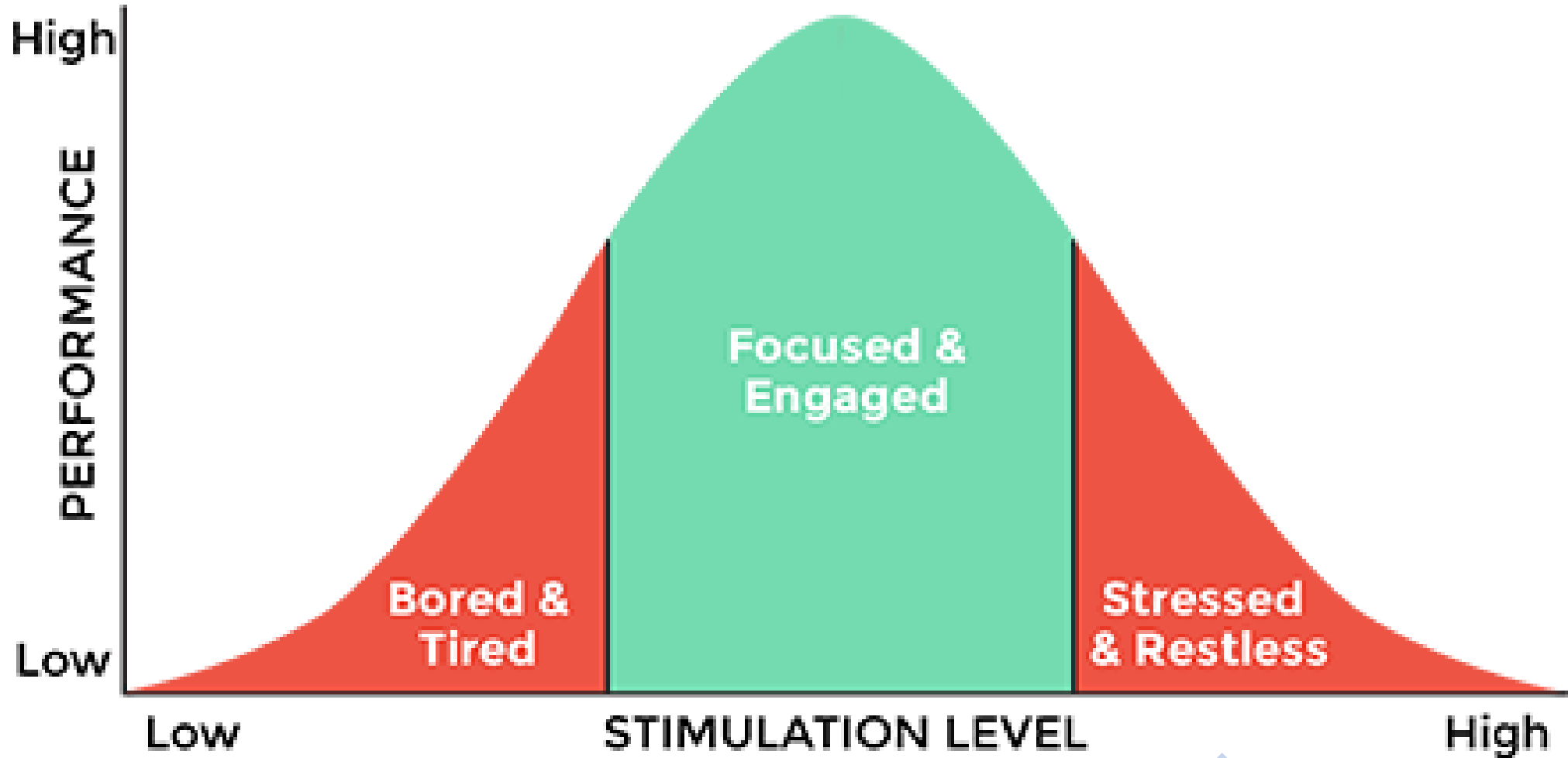
Overestimation of Threat
+
Underestimation of Ability to Cope
= Anxious Response (Chansky, 2004)

Different types of Anxiety disorders

- separation anxiety disorder.
- panic disorder,
- generalized anxiety disorder,
- agoraphobia,
- specific phobia,
- & social anxiety disorder (social phobia).



Yerkes-Dodson Law OPTIMAL PERFORMANCE



Triggers

People

Places

Things

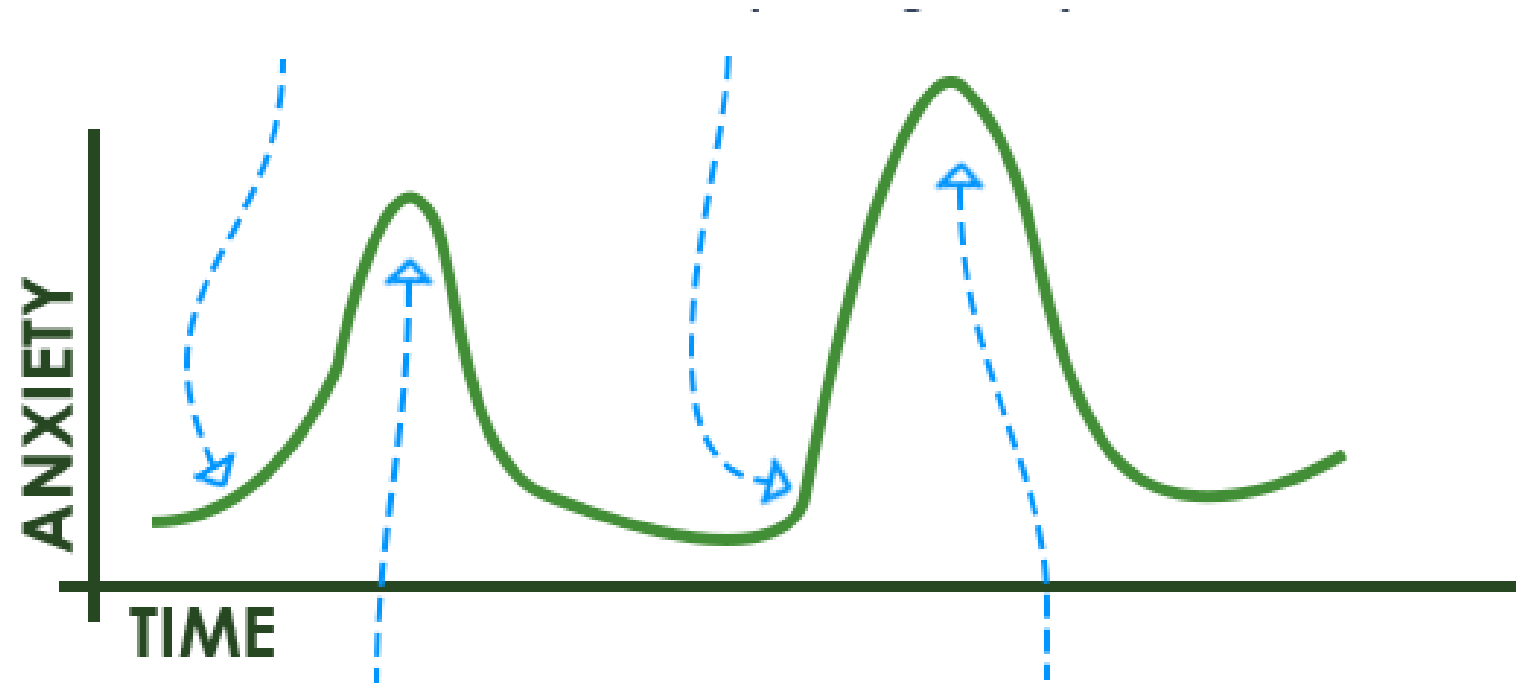
- Take a moment to write down what are some common triggers for you or for your child?

Some examples of anxiety triggers for children with ASD

- Fear of the dark
- Making mistakes
- Dogs (animals)
- Bees, spiders (insects)
- World events
- Fear of dying
- Routine changes
- Performing in front of others

Put in the chat other fears that a child might experience!

Anxiety Response



Taking away time from fun!

- Anxiety can make it difficult for youth to focus on things that they care about!
- Making their world smaller, keeping them away from:
 - Family
 - Friends
 - Interest
 - Social activities



Treatment Options



CBT is an effective option

- Across 19 randomized control trials (833 participants)
- Mix of group and individual sessions
 - Moderate effect size for parent-rated anxiety reduction
 - Large effect size for teacher-rated anxiety reduction

RESEARCH

Open Access



Cognitive behavioural therapy for anxiety in children and young people on the autism spectrum: a systematic review and meta-analysis

Shivani Sharma*, Abigail Hucker, Terry Matthews, Dominique Grohmann and Keith R. Laws

Cognitive-Behavioral Strategies for Anxiety: Core Components

Building rapport

Psychoeducation

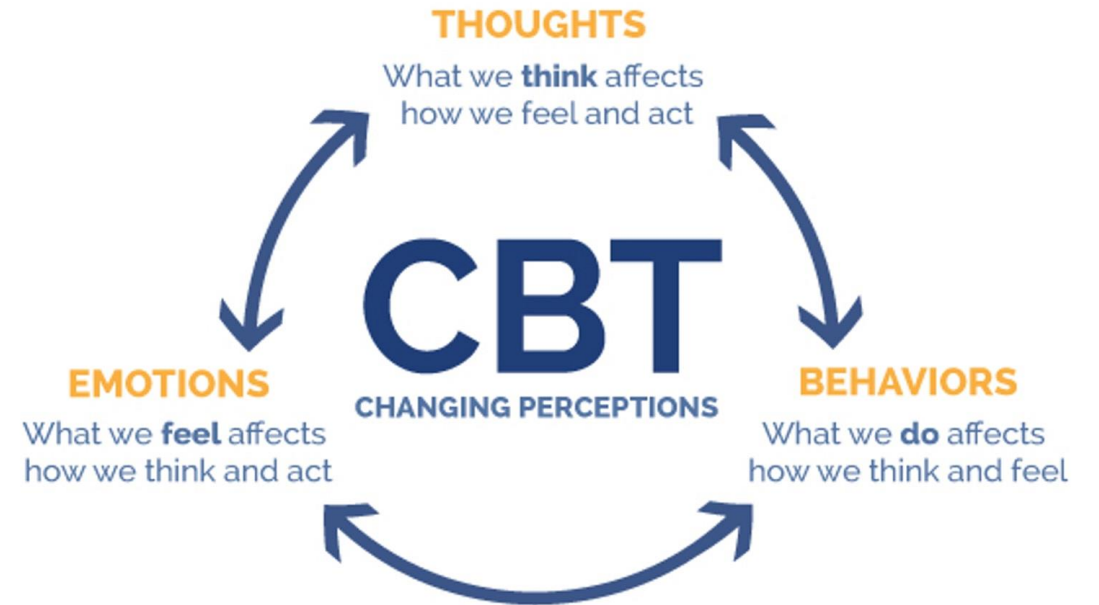
Physical symptoms

Restructuring thoughts

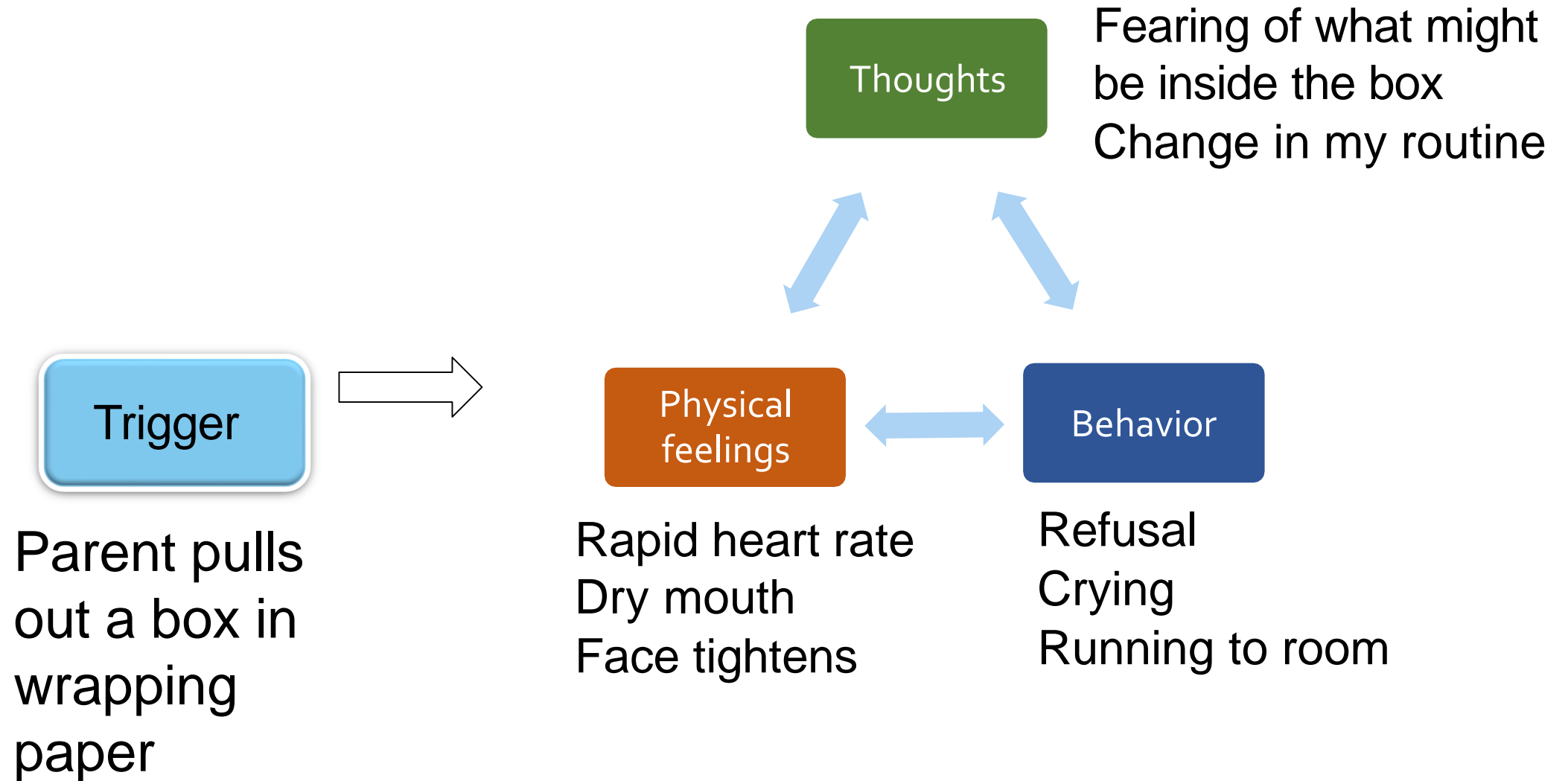
Problem solving

Graded exposure

Relapse prevention



CBT triangle example: A fear of receiving gifts





Graded Exposure

Practical part
of CBT

Facing fears a
little at a time

Create a to-
do-list of
fears

Decision about individual vs. group CBT?

Factors to consider

- Regulated behavior
- Cognition or thinking skills
- Level of effort
- Parent involvement
- In-person vs. virtual



Individual CBT

Typical progression

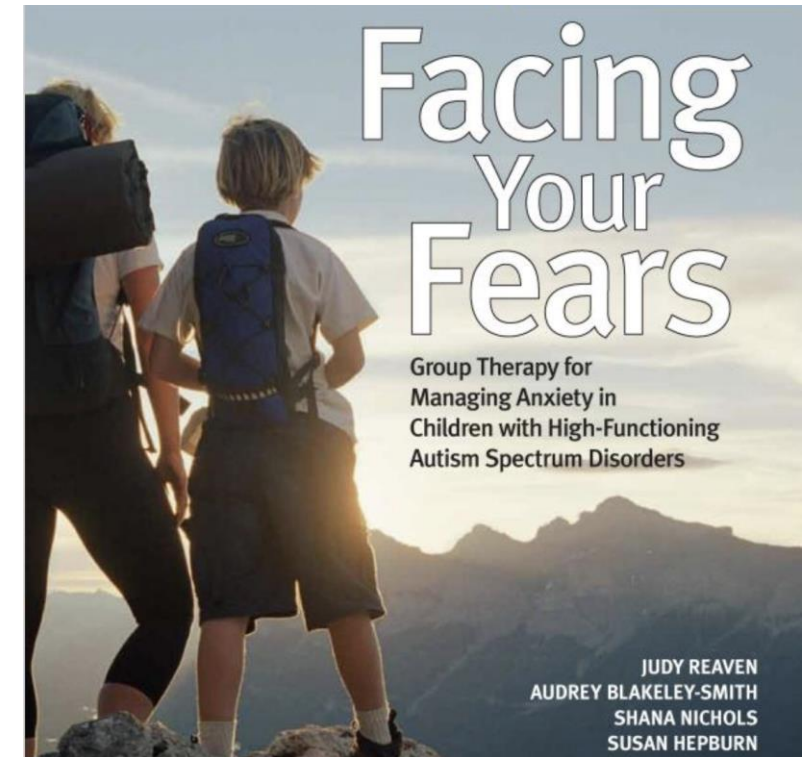
- Conducted over 12-21 sessions (50-60 minutes)
- Gather information related to functional impairment (what is getting in the way?)
 - Develop goals
- Providing psychoeducation
- Develop a system to reward practices
 - With the guidance of a therapist, homework is involved
- Parental involvement



Group CBT

Example: Facing Your Fears

- Conducted over 12-14 sessions (90 minutes)
- Providing psychoeducation and understanding each group member's anxiety responses (first 6-7 sessions)
- Create goals and develop a fear ladder; practice exposures; celebrate successes (final 8-14 sessions)
- Social skills practice built into the program
- Parent group to review practices and provide support
 - Support network





Comprehensive Programs

<https://scerts.com/>

Class	Medication (Brand name)	Common dose range (mg/day)	Tablet size (mg)	Common side effects
SSRI	Citalopram/escitalopram (Celexa/Lexapro™)	10/5–40/20	10/5, 20/10, 40	<ul style="list-style-type: none"> • Headache • Insomnia • Diarrhea • Decreased appetite • Hyperactivity/restlessness • Vomiting • Increased anger/irritability • Sexual dysfunction • Muscle pain • Weight loss/gain
	Fluvoxamine (Luvox™, Luvox CR™)	100–300	25, 50, 100, 150	
	Sertraline (Zoloft™)	25–200	25, 50, 100	
	Fluoxetine (Prozac™, Sarafem™)	10–60	10, 20, 40, 60	
	Paroxetine (Paxil™, Pexeva™)	10–50	10, 20, 40	
SNRI	Venlafaxine ER (Effexor™)	37.5–225	37.5, 75, 150, 225	<ul style="list-style-type: none"> • Sleepiness • Insomnia • Restlessness • Sexual dysfunction • Headache • Dry mouth • Increased anger/irritability • Increased blood pressure • Increased heart rate • Muscle pain • Weight loss/gain
	Duloxetine (Cymbalta™)	30–120	20, 30, 40, 60	
Noradrenergic agent	Atomoxetine (Strattera™)	10–100	10, 18, 25, 40, 60, 80, 100	
Tricyclic antidepressant	Clomipramine (Anafranil™)	75–250	25, 50, 75	<ul style="list-style-type: none"> • Sleepiness • Dry mouth • Weight gain
	Imipramine (Trofanil™, Trofranil-PM™)		10, 25, 50	
Benzodiazepine	Alprazolam (Xanax™, Alprazolam Intenso™)	0.5–1.5	0.25, 0.5, 1, 2	<ul style="list-style-type: none"> • Drowsiness • Clumsiness • Dry mouth • Dizziness • Abdominal pain
	Clonazepam (Klonopin™)	0.5–3	0.5, 1, 2	
	Lorazepam (Ativan™, Lorazepam Intenso™)	1–2	1, 2	
Atypical anxiolytic	Buspirone (Buspar™)	15–60	5, 10, 15, 30	<ul style="list-style-type: none"> • Dizziness • Lightheadedness • Tiredness
Antihistamine	Diphenhydramine (Benadryl™, Banophen™, Diphenhist™)	12.5–50	25, 50	<ul style="list-style-type: none"> • Sleepiness • Dry mouth • Decreased sweating
	Doxylamine (Unisom™, WalSom™)	12.5–50	25, 50	
	Hydroxyzine (Atarax™)	25–50	10, 25, 50	

Adapted from Wilens, Hammerness. *Straight Talk about Psychiatric Medications in Kids* (Guilford Press, 2016).



Anxiety Disorders: Parents' Medication Guide

AMERICAN ACADEMY OF
CHILD & ADOLESCENT
PSYCHIATRY
WWW.AACAP.ORG

AMERICAN
PSYCHIATRIC
ASSOCIATION 

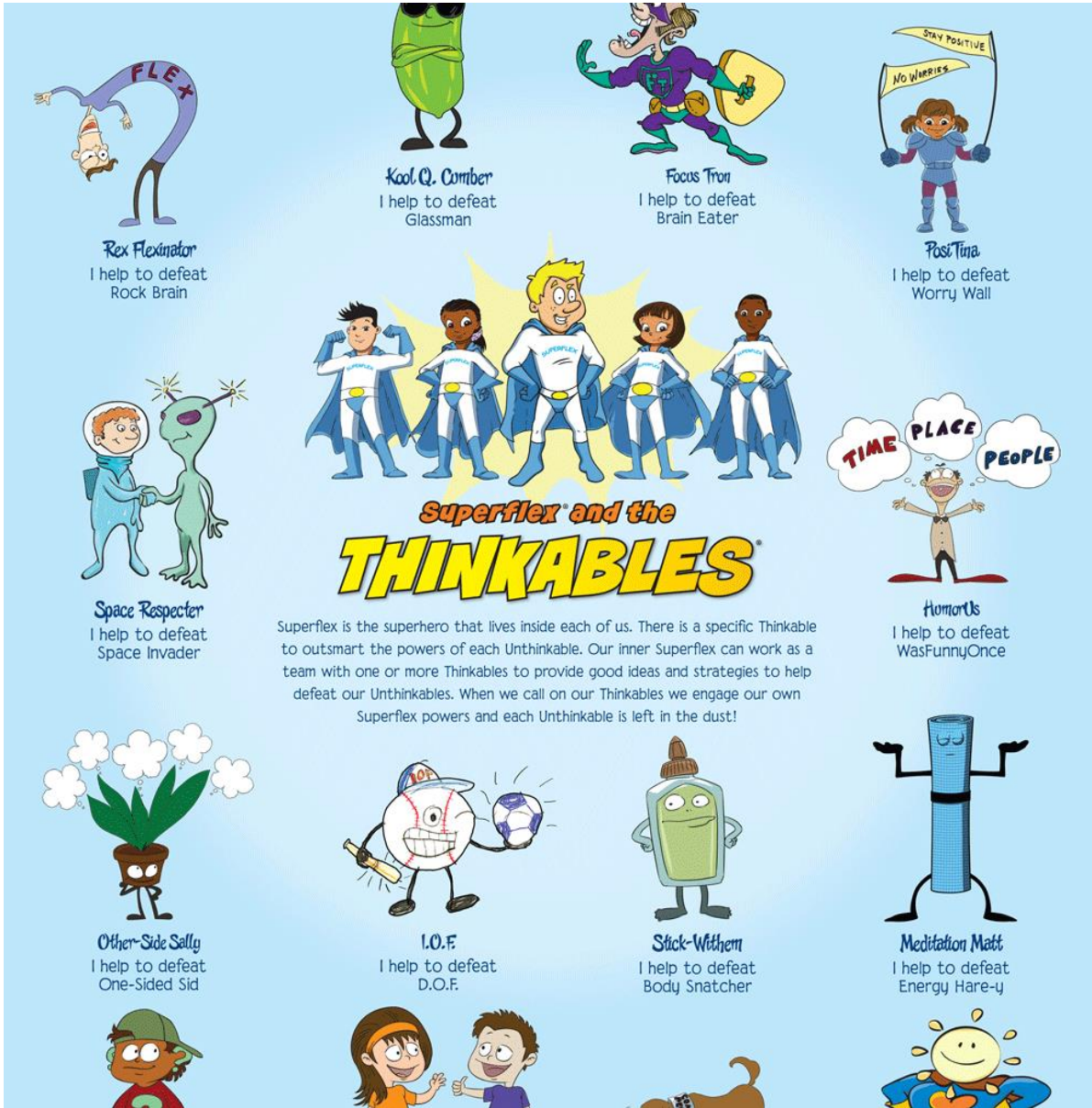
https://www.aacap.org/App_Themes/AACAP/docs/resource_centers/resources/med_guides/anxiety-parents-medication-guide.pdf



Additional suggestions

NAME IT!

Before you tame it!



Rex Flexinator
I help to defeat Rock Brain

Kool Q. Comber
I help to defeat Glassman

Focus Tron
I help to defeat Brain Eater

Posi Tina
I help to defeat Worry Wall

Space Respector
I help to defeat Space Invader

HomomUs
I help to defeat WasFunnyOnce

Other-Side Sally
I help to defeat One-Sided Sid

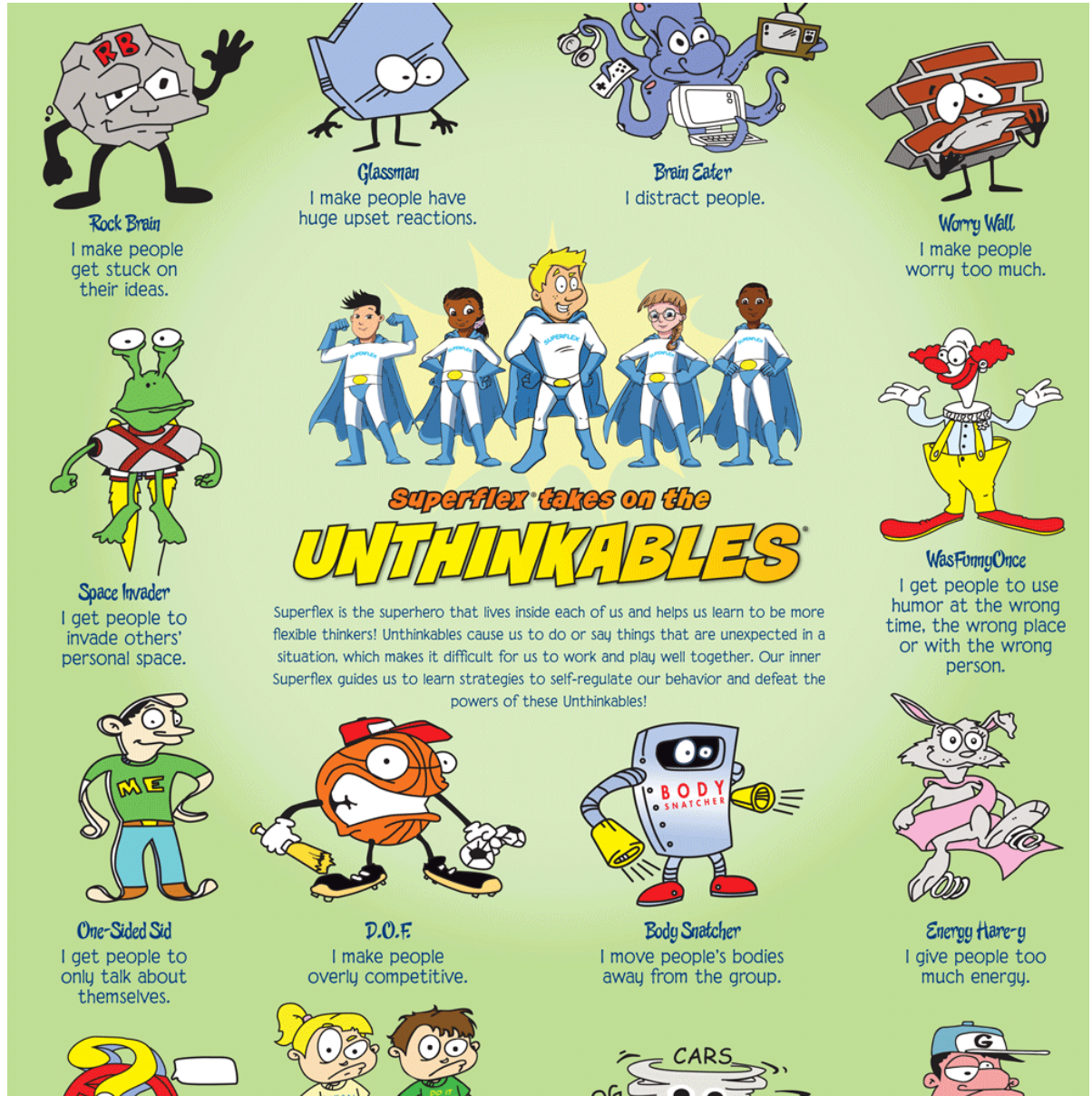
I.O.F.
I help to defeat D.O.F.

Stick-Withem
I help to defeat Body Snatcher

Meditation Matt
I help to defeat Energy Hare-y

Superflex and the THINKABLES

Superflex is the superhero that lives inside each of us. There is a specific Thinkable to outsmart the powers of each Unthinkable. Our inner Superflex can work as a team with one or more Thinkables to provide good ideas and strategies to help defeat our Unthinkables. When we call on our Thinkables we engage our own Superflex powers and each Unthinkable is left in the dust!



Rock Brain
I make people get stuck on their ideas.

Glassman
I make people have huge upset reactions.

Brain Eater
I distract people.

Worry Wall
I make people worry too much.

Space Invader
I get people to invade others' personal space.

WasFunnyOnce
I get people to use humor at the wrong time, the wrong place or with the wrong person.

One-Sided Sid
I get people to only talk about themselves.

D.O.F.
I make people overly competitive.

Body Snatcher
I move people's bodies away from the group.

Energy Hare-y
I give people too much energy.

Superflex takes on the UNTHINKABLES





Superflex is the superhero that lives inside each of us and helps us learn to be more flexible thinkers! Unthinkables cause us to do or say things that are unexpected in a situation, which makes it difficult for us to work and play well together. Our inner Superflex guides us to learn strategies to self-regulate our behavior and defeat the powers of these Unthinkables!

What is Worry?



Worries are unpleasant thoughts that you can't get out of your head. They're like annoying bugs that keep buzzing around and won't leave you alone.

It's normal to have worries—everyone has them from time to time. It's only a problem when your worries get in the way of other parts of your life, or if they make you unhappy. What do you worry about? **Circle at least three of your worries from the lists below:**

 Family	 School	 Friends	 Other
Arguments or Fights	Following Rules	Fitting In	Getting Hurt
Upsetting Family	Grades	Making Friends	Being Embarrassed
Family's Safety	Presentations	Being Teased	Appearance
Getting in Trouble	Homework	What to Talk About	Money
Sick Family Member	Tests	Bullies	_____

When you worry, your body goes through a number of changes. These changes can be uncomfortable, and for some people they're scary. **Circle each of the worry symptoms that you've experienced:**



Fast Heartbeat



Sweating



Feeling Sick



Shaking



Feeling Hot

The good news about worry is that it can't hurt you. Worrying might be uncomfortable, but you can learn to control it with a little practice. Is there anything you already do that helps you control your worry?

To control my worry, I... _____

As you can tell visuals and a systematic approach are a helpful part of treatment

ANGER LOG

1) **Triggers:** What happened?

2) **FEEL:** How did it feel in my body? (circle all that apply)

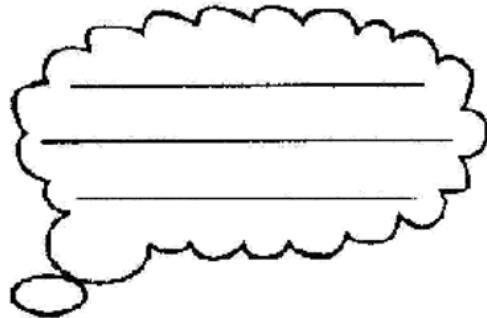
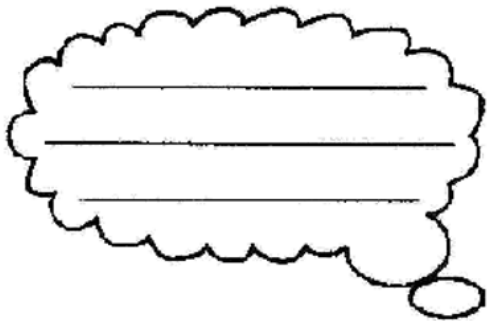


Other: _____

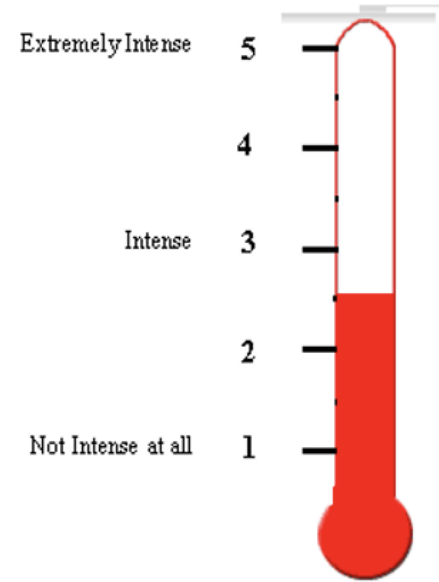
Other: _____

3) **THINK:** What were my thoughts/interpretations?

“it’s unfair”, “no one likes me”, “they did it on purpose”,
“nothing good ever happens to me”, “they should know I don’t like that”



5) **How intense was my anger? (circle one)**



5) **DO:** What did I do? (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Yelled | <input type="checkbox"/> Hit/punched someone | <input type="checkbox"/> Kicked an object |
| <input type="checkbox"/> Threw something | <input type="checkbox"/> Walked away | <input type="checkbox"/> Slammed a door |
| <input type="checkbox"/> Hit/punched something | <input type="checkbox"/> Used disrespectful words | <input type="checkbox"/> Stomped feet |

Other: _____

Other: _____

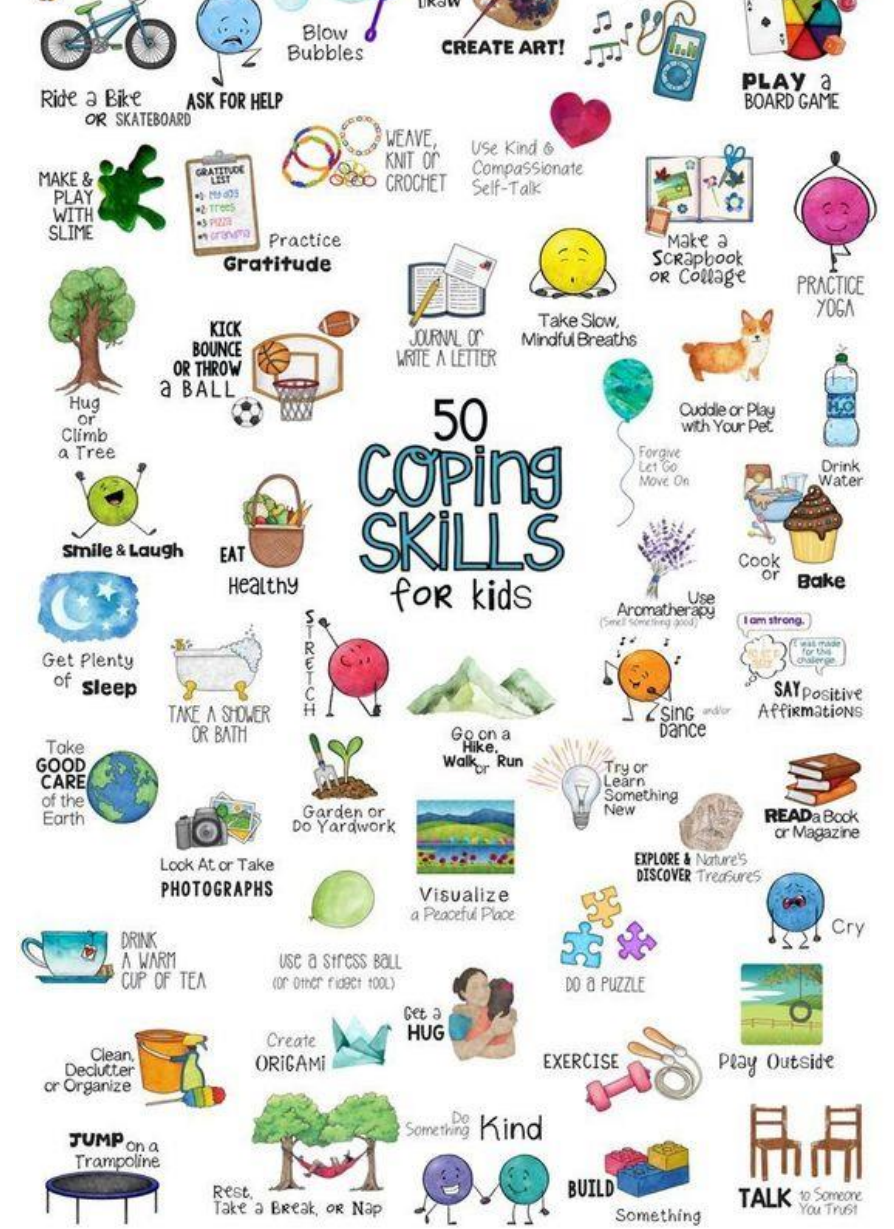
6) **Consequences:** (be specific and give examples)

Additional Coping Skills Resources



<https://www.youtube.com/user/CosmicKidsYoga>

[Free Resources - Conscious Discipline | Conscious discipline, Brain gym, Self regulation](#)



https://www.tiffincityschools.org/apps/pages/index.jsp?uREC_ID=1257185&type=u&pREC_ID=1867324

Mindfulness Practices



Mind Full, or Mindful?



How we take care of
ourselves?



- We need this!
 - But how do you do this?

- Write down a few ways that you take care of yourself.



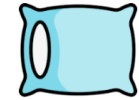
BASIC NEEDS

- Sleep: Taking the time to get between 7-8 hours of sleep
- Eating: Find a good balance as nutrition keeps us going
- Exercise: At least one hour a day of moderate movement

★ THINGS TO DO TONIGHT



Take a really **deep** breath. Go down your body, focusing on **relaxing** each muscle.



Create a comfortable and **relaxing** environment for yourself.



If you have a lot on your mind try **journaling** to calm your thoughts.



You made it another day. Be **proud** of yourself.



Go through your night time **routine** and do the things that **soothe** you.



Let go of what's **bothering** you. Take a deep breath and let go.



Blessing Manifesting



NEEDs Continued



- Relationships/Connections: It's all about quality and not quantity.
- Mindfulness/Spirituality/Religion: Lots of evidence supporting these areas are related to good overall functioning.
- Therapy/Counseling: Sometimes this might be an option that we need to seek out.
 - Employee Programs or Insurance are often options.

Resources

RECOMMENDATIONS FOR ANXIETY IN INDIVIDUALS WITH AUTISM SPECTRUM DISORDER

Breanna Winder-Patel, PhD and Megan Tudor, PhD

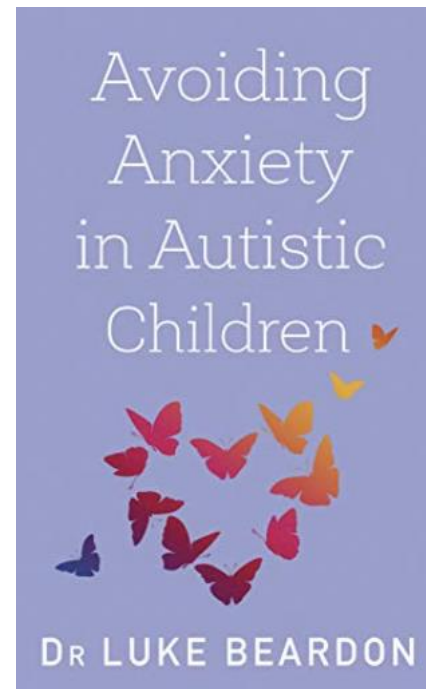
UC Davis MIND Institute

Navigating anxiety with your child can be tricky and sometimes overwhelming. There are both medication and behavior therapy options for treating children with anxiety. For more information on medication options, speak to your child's pediatrician. Here we provide you with some resources to get started in understanding anxiety and the cognitive-behavioral as well as behavioral therapy options for helping a child with significant anxiety.

WHAT IS CBT?

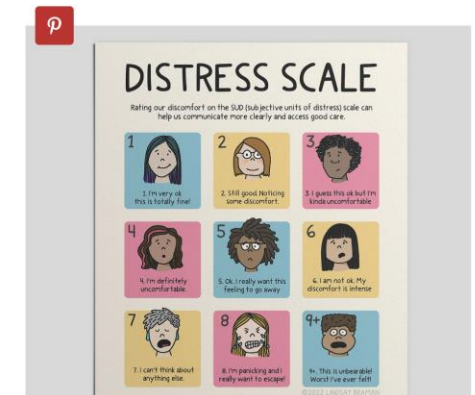
Cognitive-Behavioral Therapy (CBT) is a problem-solving, goal-directed therapy that can treat a wide range of presenting problems in both children and adults. CBT for anxiety focuses on the relationships between thoughts, feelings, and behaviors that are maintaining the excessive anxiety and preventing adaptive coping. CBT is an empirically-supported treatment for generalized anxiety disorder, separation anxiety disorder, panic disorder, social anxiety disorder, and phobias. *Exposure and Response Prevention (ERP)* is an empirically supported version of CBT for individuals with obsessive-compulsive disorder. *Habit Reversal Training (HRT)* is a form of CBT used to treat Trichotillomania, Chronic Tic Disorders including Tourette's Syndrome, and Excoriation Disorder (Skin-Picking Disorder). HRT includes awareness training, as well as development of competing response and stimulus control procedures.

These treatments typically occur on an outpatient basis with weekly sessions with a licensed professional. Activities in between sessions and parental involvement are key components in helping a child learn the skills and generalize them across environments.



STORE MY ART LICENSING GET EMAIL UPDATES COUNSELING CO

Download: Visual Subjective Units of Distress Handout



<https://lindsaybraman.com/>



Thank you!



Questions?