Supporting Your Child with Autism through Anxiety: Strategies and Resources

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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)

1 in 36 8-YEAR-OLDS WERE IDENTIFIED WITH AUTISM IN 2020*

*Based on data collected in 2020 on 8-year-old children in 11 communities across the U.S.

Autism Spectrum Disorder

- Verbal & Nonverbal Communication
- Social Awareness
- Executive Function
- Information Processing
- Sensory Processing
- Repetitive Behaviors
- Motor Skills
- Perseverative Thinking
Anxiety Rates for children

Anxiety 9.4%
(approximately 5.8 million)

www.cdc.gov/childrensmentalhealth/data.html
Anxiety Rates for children with ASD

Autistic youth - \(\approx40\%\) 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).

• 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
Cognitive-Behavioral Strategies for Anxiety: Core Components

- Building rapport
- Psychoeducation
- Physical symptoms
- Restructuring thoughts
- Problem solving
- Graded exposure
- Relapse prevention

Diagram:

CBT

Thoughts: What we think affects how we feel and act

Emotions: What we feel affects how we think and act

Behaviors: What we do affects how we think and feel

Changing Perceptions
CBT triangle example: A fear of receiving gifts

**Trigger**
Parent pulls out a box in wrapping paper

**Thoughts**
Fearing of what might be inside the box
Change in my routine

**Physical feelings**
Rapid heart rate
Dry mouth
Face tightens

**Behavior**
Refusal
Crying
Running to room
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
Goals of SCERTS for Children With Autism

- Functional & spontaneous communication
- Social and play skills
- Positive approaches toward behavior problems
- Generalized skills
- Functional academic skills

Comprehensive Programs

https://scerts.com/
<table>
<thead>
<tr>
<th>Class</th>
<th>Medication (Brand name)</th>
<th>Common dose range (mg/day)</th>
<th>Tablet size (mg)</th>
<th>Common side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td>SSRI</td>
<td>Chlordiazepoxide (Librium, Librax)</td>
<td>10/5–40/20</td>
<td>10/5, 20/10, 40</td>
<td>Headache, Insomnia, Diarrhea, Decreased appetite, Increased anger/instability, Sexual dysfunction, Muscle pain, Weight loss/gain</td>
</tr>
<tr>
<td></td>
<td>Fluoxetine (Lustral, Luros CR)</td>
<td>100–300</td>
<td>25, 50, 100, 150</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sertraline (Zoloft)</td>
<td>25–200</td>
<td>25, 50, 100</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Fluoxetine (Prozac, Sarafem)</td>
<td>10–60</td>
<td>10, 20, 40, 60</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Paroxetine (Paxil, Paxeva)</td>
<td>10–50</td>
<td>10, 20, 40</td>
<td></td>
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<tr>
<td>SNRI</td>
<td>Venlafaxine ER (Effexor)</td>
<td>37.5–75</td>
<td>37.5, 75, 150, 225</td>
<td>Steepness, Insomnia, Restlessness, Sexual dysfunction, Headache, Dry mouth, Increased anger/instability, Increased blood pressure, Increased heat rate, Muscle pain, Weight loss/gain</td>
</tr>
<tr>
<td></td>
<td>Duloxetine (Cymbalta)</td>
<td>30–120</td>
<td>20, 30, 40, 60</td>
<td></td>
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<tr>
<td>Noradrenergic</td>
<td>Atonemoxetine (Strattera)</td>
<td>10–100</td>
<td>10, 18, 25, 40, 60, 80, 100</td>
<td></td>
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<tr>
<td>Tricyclic antidepressant</td>
<td>Clomipramine (Anafranil)</td>
<td>75–250</td>
<td>25, 50, 75</td>
<td>Steepness, Dry mouth, Weight gain</td>
</tr>
<tr>
<td></td>
<td>Imipramine (Tofranil, Tofranil-PM)</td>
<td>10, 25, 50</td>
<td></td>
<td></td>
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<tr>
<td>Benzodiazepine</td>
<td>Alprazolam (Xanax, Alprazolam Intensol)</td>
<td>0.5–1.5</td>
<td>0.25, 0.5, 1, 2</td>
<td>Drowsiness, Clumsiness, Dry mouth, Dizziness, Abdominal pain</td>
</tr>
<tr>
<td></td>
<td>Clonazepam (Klonopin)</td>
<td>0.5–3</td>
<td>0.5, 1, 2</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lorazepam (Ativan, Lorazepam Intensol)</td>
<td>1–2</td>
<td>1, 2</td>
<td></td>
</tr>
<tr>
<td>Atypical anxiolytic</td>
<td>Buspirone (Buspar)</td>
<td>15–60</td>
<td>5, 10, 15, 30</td>
<td>Dizziness, Light-headedness, Tiredness</td>
</tr>
<tr>
<td>Antihistamine</td>
<td>Diphenhydramine (Benadryl, Banophen, Diphenhist)</td>
<td>12.5–50</td>
<td>25, 50</td>
<td>Sleepiness, Dry mouth, Decreased sweating</td>
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<tr>
<td></td>
<td>Doxylamine (Unisom, Wallom)</td>
<td>12.5–50</td>
<td>25, 50</td>
<td></td>
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<tr>
<td></td>
<td>Hydroxyzine (Atarax)</td>
<td>25–50</td>
<td>10, 25, 50</td>
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</tr>
</tbody>
</table>

Anxiety Disorders: Parents’ Medication Guide

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

Additional suggestions

NAME IT!
Before you tame it!
Superflex and the
THINKABLES

Superflex is the superhero that lives inside each of us. There is a specific Thinkable to channel the powers of each Thinkable. 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 have huge upset reactions.

Brain Eater
I distract people.

Worry Wall
I make people worry too much.

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

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!

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

10,000
I help to defeat
D.O.F.

Stick-Wilmer
I help to defeat
Body Snatcher

Meditation Mutt
I help to defeat
Energy Harpy

One-Sided Sally
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 Harpy
I give people too much energy.

Garcia Winner, M., https://www.socialthinking.com
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:

<table>
<thead>
<tr>
<th>Family</th>
<th>School</th>
<th>Friends</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arguments or Fights</td>
<td>Following Rules</td>
<td>Fitting In</td>
<td>Getting Hurt</td>
</tr>
<tr>
<td>Upsetting Family</td>
<td>Grades</td>
<td>Making Friends</td>
<td>Being Embarrassed</td>
</tr>
<tr>
<td>Family’s Safety</td>
<td>Presentations</td>
<td>Being Teased</td>
<td>Appearance</td>
</tr>
<tr>
<td>Getting in Trouble</td>
<td>Homework</td>
<td>What to Talk About</td>
<td>Money</td>
</tr>
<tr>
<td>Sick Family Member</td>
<td>Tests</td>
<td>Bullies</td>
<td></td>
</tr>
</tbody>
</table>

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.
1) Triggers: What happened?

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

- stomach
- headache
- red face
- heart beating fast
- shortness of breath
- tears
- dizzy
- tense fists
- clenched teeth

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"

4) How intense was my anger? (circle one)

- Extremely Intense
- Intense
- 2
- Not Intense at all

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

- Yelled
- Hit/punched someone
- Kicked an object
- Threw something
- Walked away
- Slammed a door
- Hit/punched something
- Used disrespectful words
- 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
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
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 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.

Download: Visual Subjective Units of Distress Handout

https://lindsaybraman.com/
Thank you!

Questions?