

The Role of Social Workers in Addressing Anxiety in Children with Autism Spectrum Disorder

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NASW 2019

Acknowledgements

- Mary LeCaptain, PhD
- Megan Martins, PhD, BCBA-D
- Judy Reaven, PhD
- Brandon Rennie, PhD
- CDD Facing Your Fears Groups:
 - Co-facilitators
 - Participants



Objectives

At the end of this presentation, participants will be able to:

1. Identify common symptoms of anxiety in children with Autism Spectrum Disorder (ASD).
2. Identify 3 components of cognitive behavioral therapy for children with ASD and anxiety.
3. Describe practical strategies for addressing anxiety in children with ASD and providing support to their caregivers.

Why This is an Important Topic for SWs

- Often first point of contact
- Capacity to identify concerns, intervene, & refer as needed
- Overlapping areas of expertise:
 - Working with systems
 - ASD
 - Anxiety
 - Working with families



SOCIAL WORKERS
leaders. advocates. champions.

Working with Systems

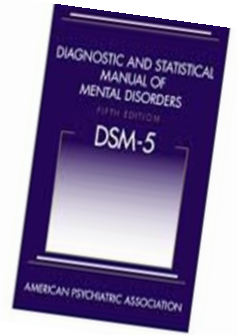
- Consider environmental factors
- Educate community members
- Enlist and support
- Understand cultural context and values
 - View of disability
 - View of anxiety
 - Natural helpers
 - Perspective on intervention
- Be the bridge
- Advocate for social & policy change



What is Autism Spectrum Disorder?

DSM-5 Diagnostic Criteria

- Deficits in social communication and social interaction (3)
 - Social-emotional reciprocity
 - Nonverbal communication
 - Relationships
- Presence of restricted, repetitive patterns of behavior, interests, or activities (2)
 - Stereotyped or repetitive motor movements, use of objects, speech
 - Insistence on sameness, inflexible routines, ritualized behaviors
 - Restricted, fixated interests
 - Sensory hypo/hyper-reactivity, unusual interest



Common Manifestations of ASD

- Sleep problems
- Digestive problems
- Limited eye contact
- Limited use of gestures
- Difficulty reading nonverbal communication
- Limited social approach
- Limited sharing of enjoyment
- Limited turn-taking
- Limited perspective-taking
- Inflexible following of routines/rituals
- Restricted, intense interests
- Difficulty with transitions
- Repetitive thoughts & behaviors
- Physiological over/under-reactivity
- Avoidance
- Delayed motor development
- Delayed daily living skills

What is Anxiety?

- *Fear* is a strong emotional response to real or perceived imminent threat
 - **Fight or Flight response**
- *Anxiety* is **anticipation** of future threat, fear in the absence of real danger
 - **Physical tension**
 - **Worry**
 - **Vigilance**
 - **Excessive caution**
 - **Avoidance**



Common Manifestations of Anxiety

- Restlessness
- Irritability
- Fatigue
- Muscle tension
- Somatic complaints
- Difficulty concentrating
- Sleep problems
- Nightmares
- Shyness
- Difficulty separating
- Fearful responses to stimuli
- Physiological over-reactivity
- Chronic worry
- Distressing thoughts
- Repetitive behavior
- Avoidance

Common Manifestations of Anxiety and ASD

- Sleep problems
- Fearful responses to stimuli
- Physiological *over*-reactivity
- Limited eye contact
- Limited social approach
- Repetitive thoughts & behaviors
- Inflexible following of routines/rituals
- Avoidance



ASD vs. Anxiety

ASD

- Consistently poor eye contact
- Difficulty with social approach & response
- Repetitive behaviors occur across contexts

ANXIETY

- Makes and then avoids eye contact
- Stronger social interaction with familiar people
- Repetitive behaviors in response to anxiety, distressing

Social Anxiety vs. ASD

Social Anxiety

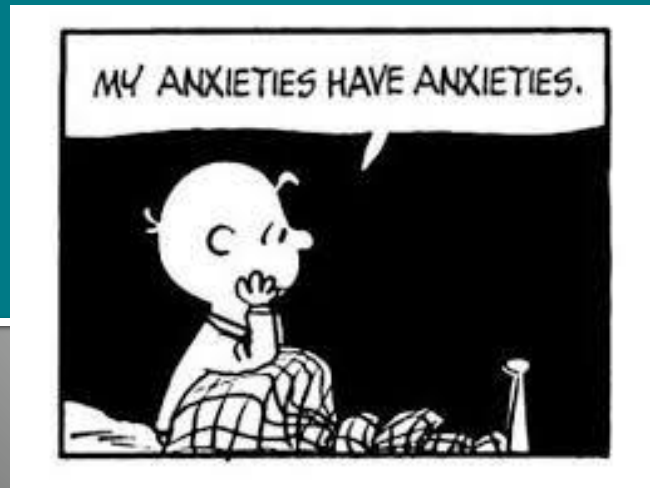
- Fear/embarrassment in social situations
- Intact social skills
- Social skills impacted by fear/embarrassment
- No or mild sensory challenges
- Temporary or intermittent across lifetime

- Shy
- Awkward
- Fearful
- Avoidant
- Repetitive
- Physiological Over-Reactivity

ASD

- Discomfort/dislike of social situations
- Impaired social skills
- Social skills impacted by difficulty understanding others
- Sensory challenges increase anxiety
- Lifelong developmental condition

ASD and Anxiety

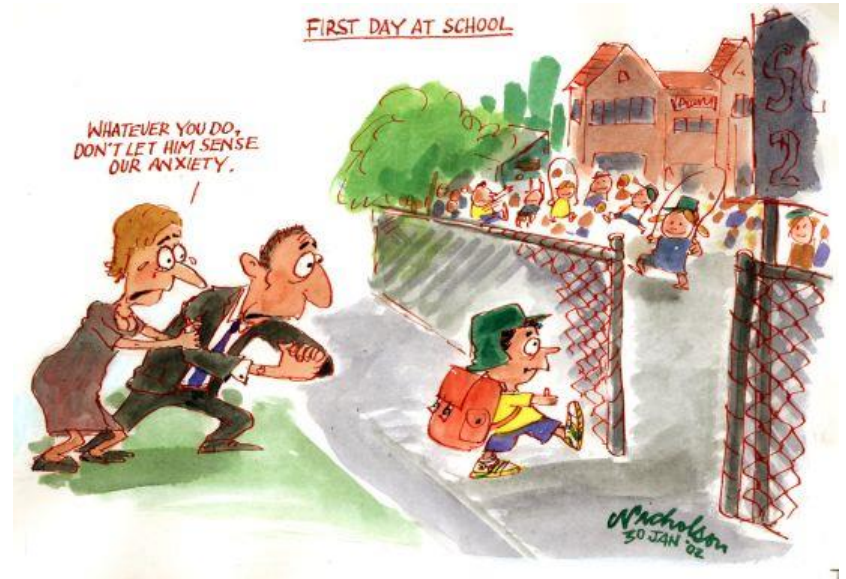


Prevalence

- 10-25% of individuals in the general population will develop a psychiatric disorder
- 40-50% of individuals with ASD will experience some anxiety problems
- 11-42% of individuals with ASD will be diagnosed with an anxiety disorder

Co-Occurring Anxiety Disorders Associated With:

- Increased self-injury
- GI problems
- Increased healthcare needs
- Depressive symptoms
- Social skills deficits
- Family stress



(Kerns et al, 2016)

ASD & Anxiety

- Based on prevalence, ASD is a risk factor for anxiety
- Independent of ASD severity
- Individuals with ASD experience increased individual and family stressors



Challenges with ASD & Anxiety

- Heightened awareness of social differences
- Social communication challenges increase anxiety
- Characteristics of autism impede ability to develop coping strategies
- Anxiety can exacerbate the core symptoms of ASD
- Anxiety makes social interaction harder

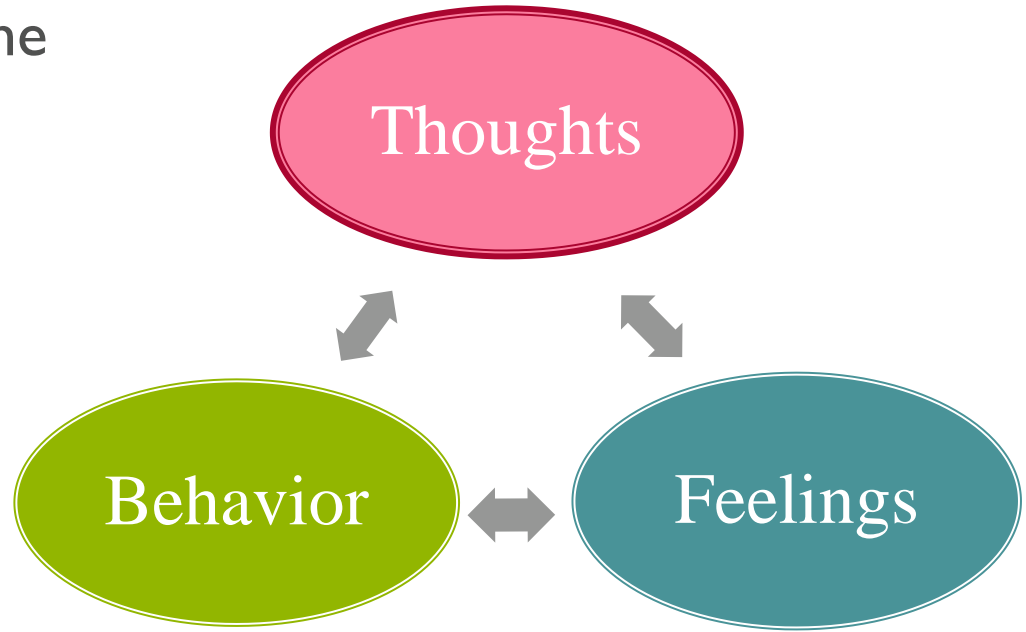


The Cycle of Anxiety



Understanding the Cycle of Anxiety

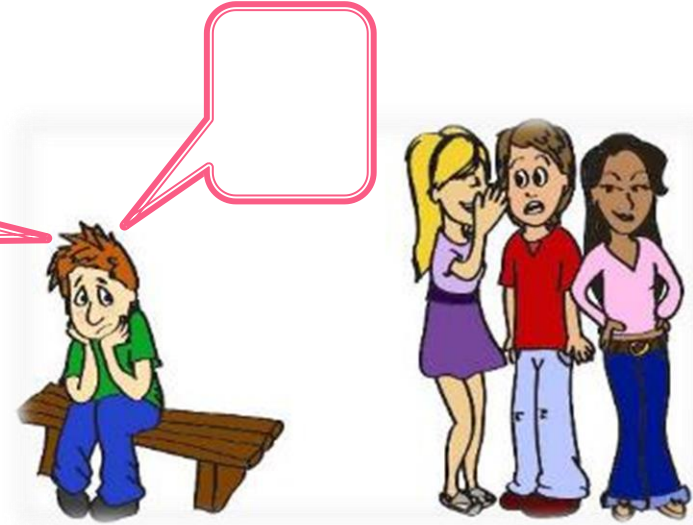
- 3 factors contribute to the maintenance of anxious symptoms
 - *Thoughts (beliefs, assumptions, cognitions)*
 - *Feelings (physiological responses, emotions)*
 - *Behavior (avoidance)*



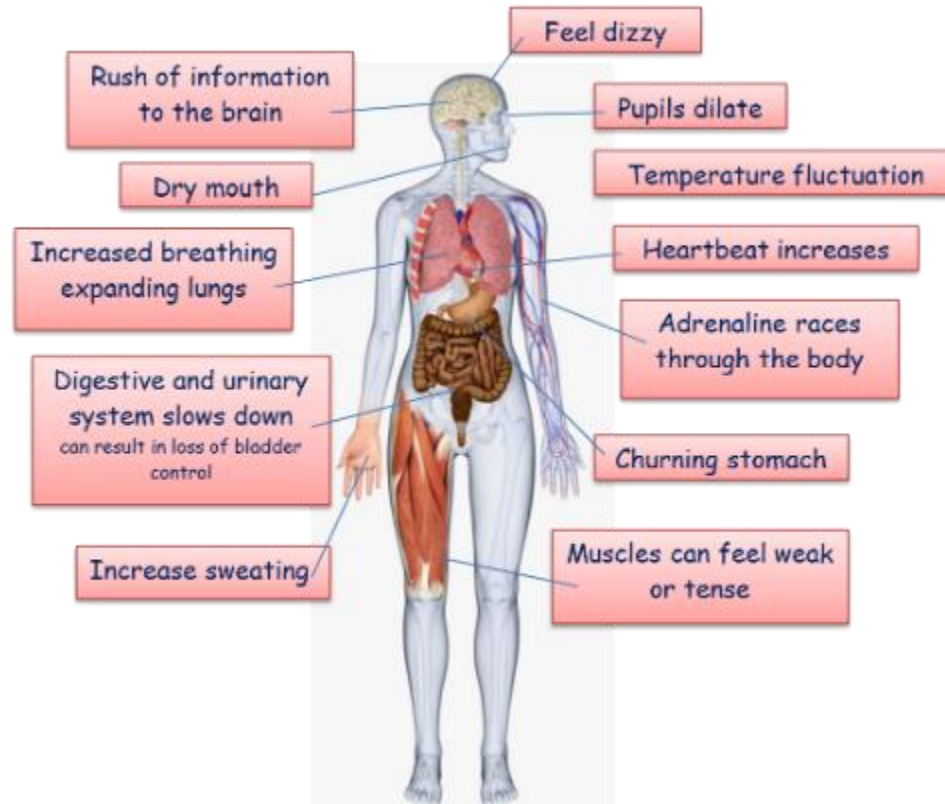
Thoughts: Cognitive Distortions



- Negative
- Catastrophizing
- Personalizing
- All or nothing
- Filtering
- Overgeneralizing



Feelings: Physiological Symptoms

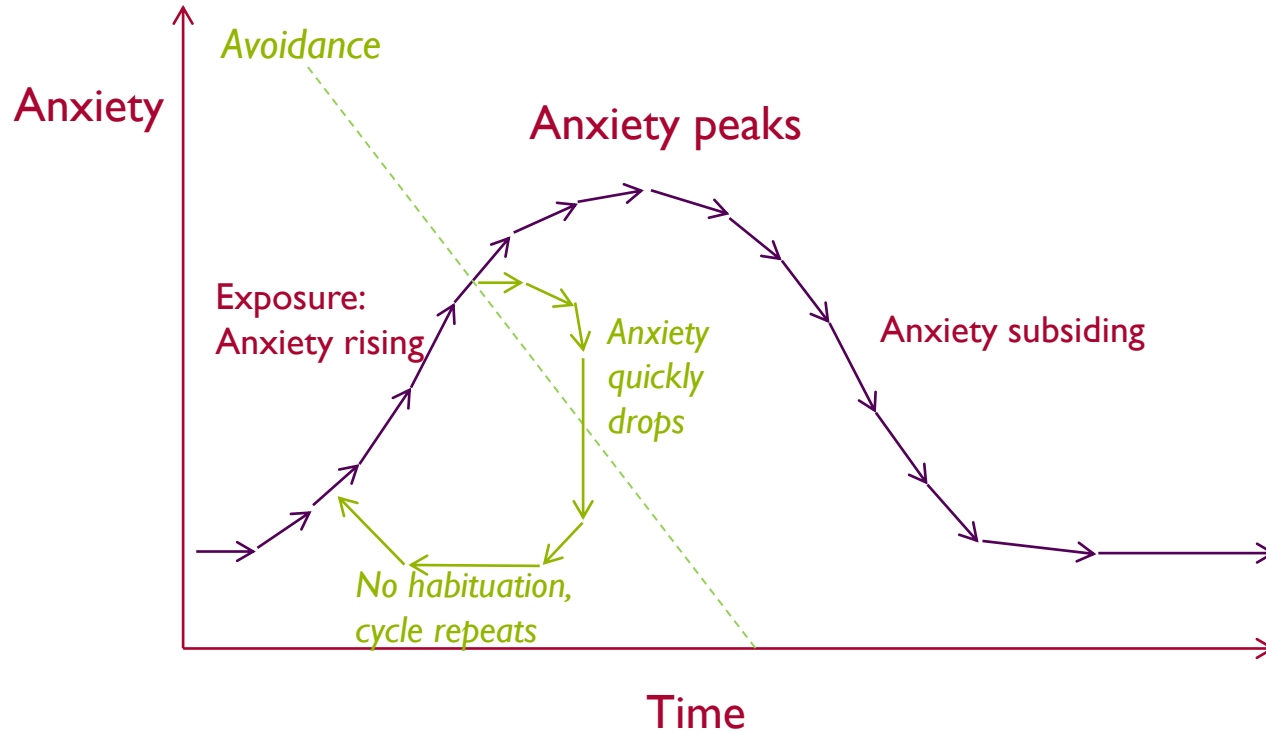


Feelings: Emotional Responses

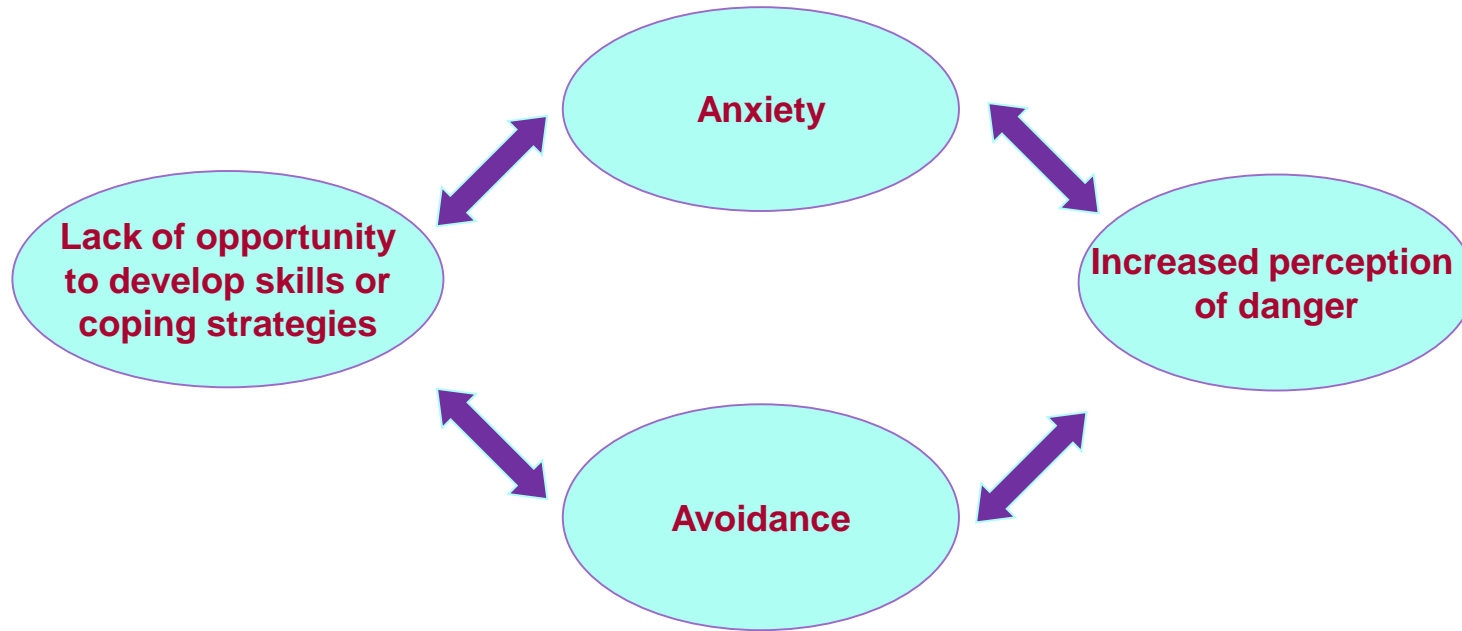
- Dread
- Panic
- Anger
- Frustration
- Shame
- Embarrassment
- Overwhelm
- Helpless



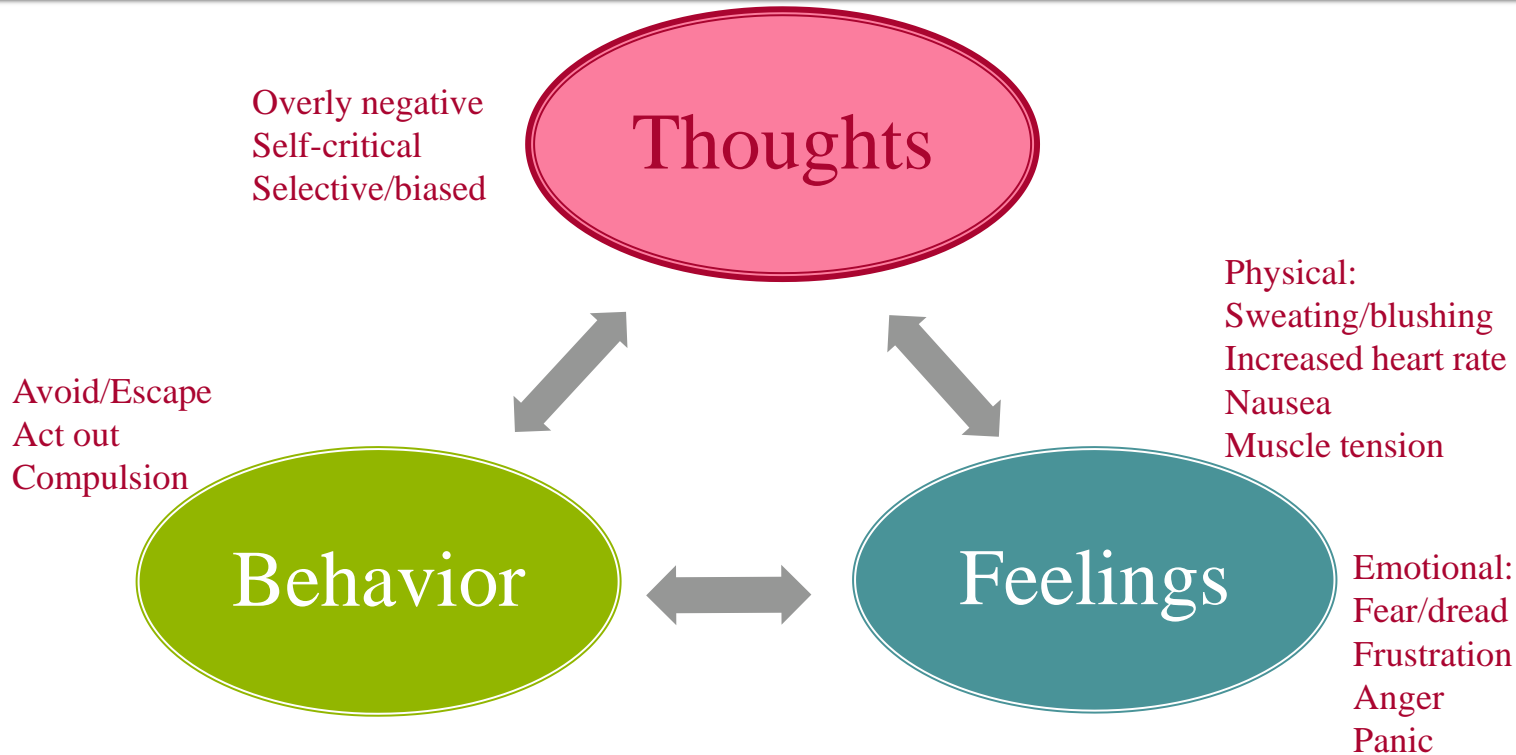
Behavior: Consequences of Avoidance



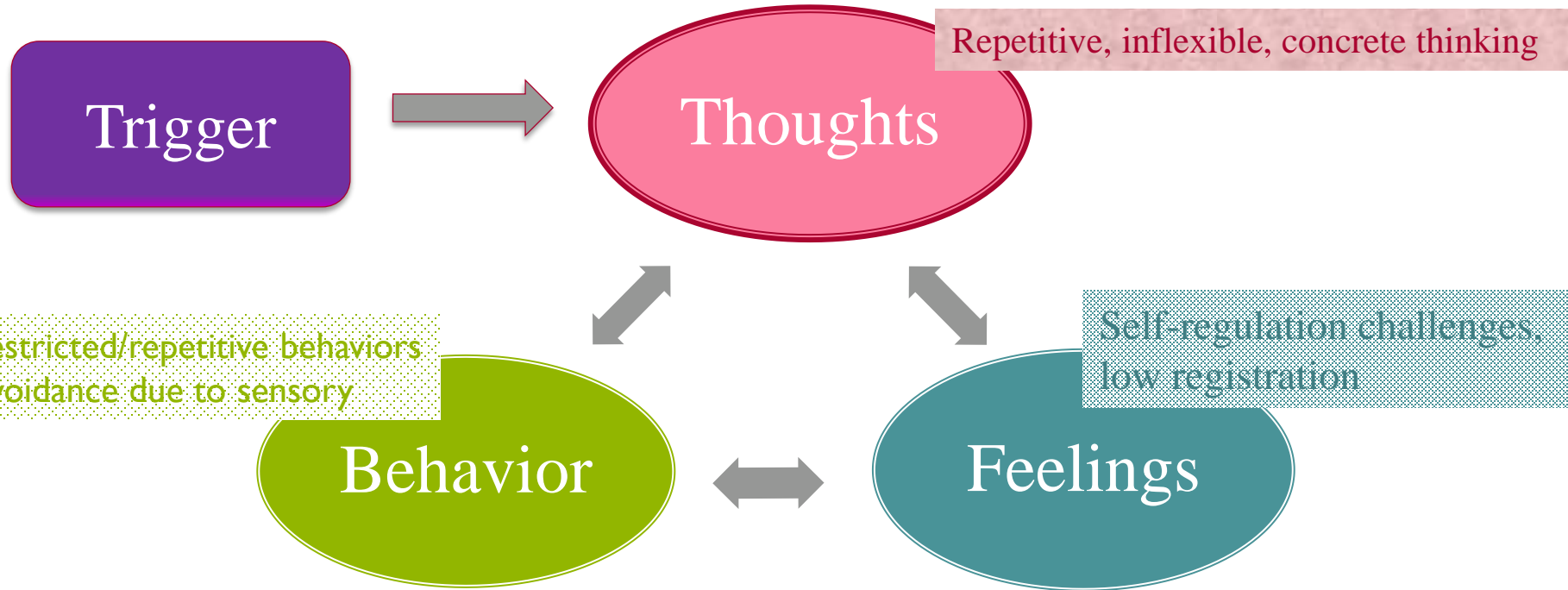
Behavior: Consequences of Avoidance



Cycle of Anxiety



Impact of ASD on Cycle of Anxiety



Cycle of Anxiety

Public speaking

Thoughts

I can't do this
Everyone will laugh at me
I'm incompetent
No one will like me
I'll fail

Physical:
Rapid heart beat
Dry mouth
Tight throat
Stomach ache

Cry
Break rules
Rush
Mumble
Argue

Behavior

Feelings

Emotional:
Self-conscious
Worried
Angry

Cycle of Anxiety

Getting a shot/blood draw

Thoughts

I can't do this
It will hurt too much
I'll faint
I'll die

Physical:
Light-headed
Dizzy
Racing heart
Fight or flight

Argue
Bargain
Aggression
Run away

Behavior

Feelings

Emotional:
Dread
Fear
Panic

Cycle of Anxiety

Alone in bedroom



Thoughts

I'm not safe
My parents are hurt
What if...

Physical:
Racing heart
Insomnia
Sweating
Headache
Upset stomach

Cling
Stay awake
Sleep with
parents
Stay awake

Behavior

Feelings

Emotional:
Worried
Fearful
Agitated

Intervention for ASD and Anxiety



Evidence-Based Intervention

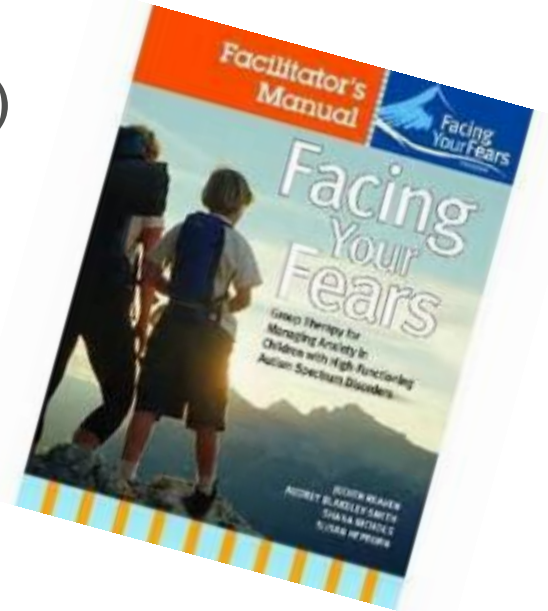
At least one of the following components:

- Cognitive Behavioral Therapy
- Medication management
- Addressing skill deficits through use of Evidence-Based Practice



Components of Cognitive Behavioral Therapy (CBT)

- Psycho-education (child, caregiver, teacher)
- Coping strategies
- Cognitive restructuring
- Graded exposure (facing fears)
- Relapse prevention



Reaven et al, 2011

Psycho-Education

- Define and build vocabulary for anxiety
- Build self-awareness of how anxiety is experienced
- Discuss time and interference
- Connect anxious thoughts and physiological reactions
- Externalize anxiety symptoms



Visual Strategy

Worry Bug



Helper Bug



Reaven et al, 2011

Coping Strategies

- Breathing
- Distraction
- Physical activity
- Stress-o-meter
- Relaxation
- Mindfulness



Coping Strategies: Helpful Thoughts

- It's just my worry bug
- It's just a false alarm
- I can handle it
- It's not a big deal
- I can fight back with facts

Reaven et al, 2011



Cognitive Restructuring

- Size of the problem
- Real danger versus false alarm
- Catastrophizing
- All-or-nothing thinking
- Personalizing



Visual Strategy



Visual Strategy

Real Danger



False Alarm

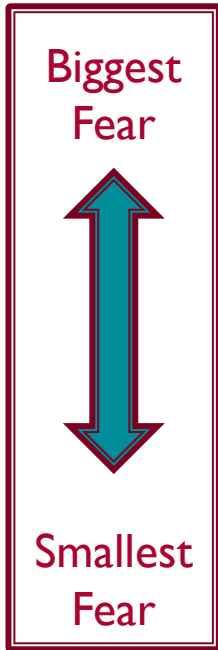


Graded Exposure: Facing Fears

- Step-by-step
- Gradual exposure to fear
- Break cycle of anxiety
- Test hypothesis
- Build confidence

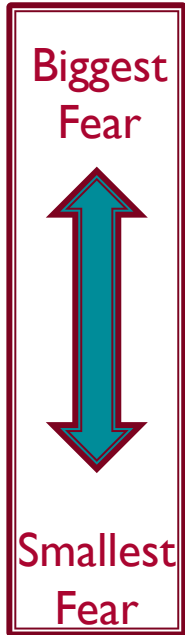


Graded Exposure: Hierarchy for Public Speaking



7. Memorize and deliver speech
6. Read speech in class
5. Read speech in front of friends
4. Read speech in front of family
3. Participate in group conversation
2. In audience
1. Watch videos

Graded Exposure: Getting a Shot/Blood Draw



5.

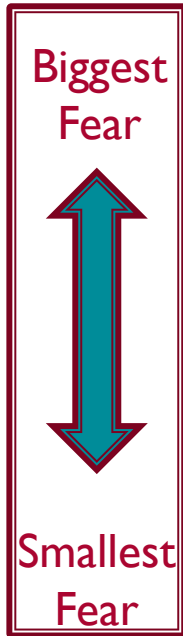
4.

3.

2.

1.

Graded Exposure: Alone in Bedroom



5.

4.

3.

2.

1.

Facing Your Fear Exposures Video

CBT Modifications for Individuals with ASD

- Make it visual
- Make it concrete
- Break down the steps
- Increase practice
- Practice generalization
- Teach skills
- Provide reinforcement



Relapse Prevention

- Practice coping strategies
- Use stress-o-meter
- Practice facing fears
- Anticipate new triggers
- Identify new targets for graded exposure



Pharmacological Interventions

- Multiple medication options
- Can increase desired behaviors and decrease challenging behaviors in children with ASD
- Improves symptoms of anxiety and depression



Addressing Skill Deficits of ASD

- Ability to identify and communicate emotional states
- Social skills
- Problem-solving skills
- Self-regulation skills
- Direct teaching of skills
- Opportunities to practice and generalize
- Positive reinforcement



Supporting Caregivers



What does it look like at home?

Fear of:

- Leaving home/parent
- Using public restrooms
- Talking to others
- Interacting with peers
- Making mistakes
- New situations/people
- Doctor visits/shots
- Storms
- Dark
- Change
- Asking for help
- Making mistakes
- Being late
- Bugs, dogs, etc.
- Loud noises

What does it look like at home?

- Avoidance/escape behaviors
- Noncompliance
- Decreased self-regulation
- Increase in repetitive behaviors
- Increased self-harm
- Argumentative
- Angry
- Meltdowns



Supporting Caregivers

- Explore caregivers' own anxiety
- Consider family stressors
- Encourage self-care
- Psycho-education about anxiety
- Teach coaching strategies
- ASD and protective caregiving style
- “Adaptive protection versus excessive protection” *(Reaven & Hepburn, 2006)*



Adaptive Protection Vs. Excessive Protection

ADAPTIVE

- Titrates child's exposure to anxiety-provoking situations based on understanding of child's development & skills
- Encourages brave behavior
- Builds success
- Protects where needed

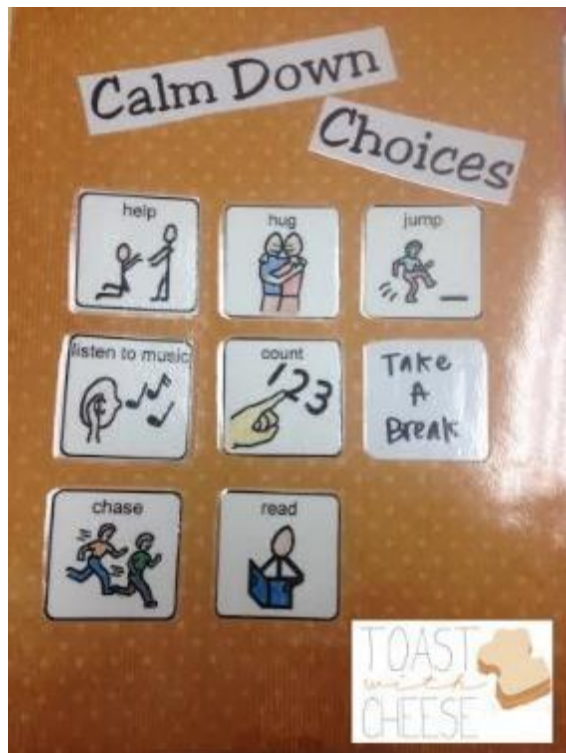
EXCESSIVE

- Limits child's exposure to anxiety-provoking situations and supports avoidant behavior
- Limits opportunities to develop and practice skills and coping strategies
- Overprotects





Caregiver Strategies

- Stay calm
- Empathize
- Be patient
- Anticipate triggers
- Prompt coping strategies
- Model brave behavior
- Prevent avoidance
- Do not reinforce avoidance
- Avoid excessive reassurance
- Don't force the issue
- Ignore unwanted behavior
- Reinforce brave behavior

Caregiver Strategies: Visual Supports



My Picture Plan

1. Take 5 deep breaths.

2. Move away from the problem.

3. Draw a picture of what I need.

4. Talk to someone about my picture.


Resources

- CDD:Autism & Other Developmental Disabilities Programs Division:
<http://www.cdd.unm.edu/autism/index.html>
- CDD Autism Portal: <https://cdd.health.unm.edu/autismportal/>
- Autism Family and Provider Resource Team: 505-272-1852 or 1-800-270-1861
- Autism Speaks Autism Treatment Network:
<https://www.autismspeaks.org/science/resources-programs/autism-treatment-network>
- National Autism Center: <http://www.nationalautismcenter.org/>
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- Autism Family and Provider Resource Team: 1-800-270-1861

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