



## Fears, Worries & Meltdowns: Considerations in Assessing & Treating Anxiety in Youth with Autism Spectrum Disorders

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### Learning Objectives

- Participants will increase their knowledge of
  - the distinction between fears, worries and an anxiety disorder.
  - different types of anxiety disorders that youth with autism spectrum disorders (ASD) can experience.
  - considerations in assessment and treatment of anxiety disorders in youth with ASD.
  - the importance of home-school-community collaboration for supporting youth with co-occurring ASD and an anxiety disorder.

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### Why Talk About Anxiety in ASD?



- High percentage of youth with ASD have co-occurring anxiety.
- Co-occurring anxiety can cause additional problems in school and home and therefore, requires specific intervention and/or treatment.
- Co-occurring anxiety can affect the youth's overall well-being and that of the family.



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## What is Anxiety?

- Broad term often used clinically for describing...
  - **Worry**
    - feelings of uneasiness or concern that may cause upset and/or meltdowns.
  - **FEAR**
    - a negative emotion induced by a perceived threat that may result in avoidance and/or meltdowns.
- **Anxiety**
  - is a psychological and physiological state characterized by ***cognitive, emotional, and behavioral components***.
  - may include worry and fear, and cause avoidance and/or meltdowns.
  - If it causes functional impairment, it is likely a 'disorder.'



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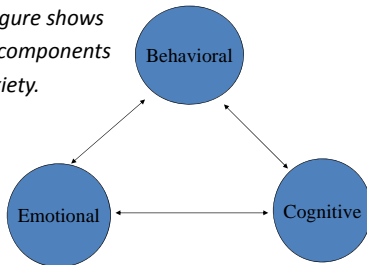
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## What is Anxiety?

*This figure shows the 3 components of anxiety.*



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## Why Do Youth With ASD Have More Anxiety Than Other Children?

- Clinical researchers suggest that ASD symptoms and other developmental factors may contribute to the higher rate of anxiety in youth with ASD...
  - Social impairments.
  - Communication and language impairments.
  - Presence of repetitive and stereotyped behaviors and interests.
  - Developmental factors (cognition, age)

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## ASD & Anxiety

- ASD Symptoms:
  - Social Impairments
    - Impairments in perspective taking
    - Limited empathy
    - Limited insight into social-emotional concepts (self/other)
    - Limited self-awareness
  - Communication and Language Impairments
    - Limited vocabulary to label triggers to anxiety & to label, understand & express emotion(s), behaviors, consequences of behavior.
    - Limited language skills may interfere with learning/developing coping and problem-solving skills.

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## ASD & Anxiety

- ASD Symptoms (con't):
  - Repetitive and Stereotyped Behaviors
    - Insistence on sameness (rigidity) may interfere with effective problem-solving (coping).
    - Repetitive, non-functional behavior may interfere with developing and using alternative behaviors to cope.
    - Stereotyped behaviors may be used as a means of coping with anxiety but these behaviors often interfere with overall functioning.
- Developmental Factors
  - Cognitive/neurocognitive factors
  - Age

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## Anxiety Disorders

*Most commonly reported in youth  
with ASD*

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## Anxiety Disorders

- There are several anxiety disorders that can affect youth with ASD.
  - Overanxious Disorder of Childhood (also called Generalized Anxiety Disorder-GAD).
  - Social Anxiety Disorder.
  - Obsessive-Compulsive Disorder (OCD).
  - Specific Phobia
  - Separation Anxiety Disorder

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## Anxiety Disorders

- Overanxious Disorder of Childhood (Generalized Anxiety Disorder-GAD)
  - Chronic and persistent worry about a variety of life events/issues more days than not for at least 6 mos.
  - Many non-specific physical (somatic)/emotional symptoms.
  - Technically cannot diagnose in ASD.
- Social Anxiety Disorder
  - Marked and persistent fear of social or performance situations.
  - Fear of acting in a way that will be humiliating or embarrassing.
  - Associated with negative self-evaluation.

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## Anxiety Disorders

- Obsessive-Compulsive Disorder
  - *Obsessions*: recurrent intrusive thoughts, images or impulses.
  - *Compulsions*: repetitive behaviors or mental acts, performed to reduce anxiety/neutralize obsessive thoughts.
  - Obsessions/Compulsions tend to fall into a few categories:
    - Contamination obsessions with cleaning compulsions.
    - Responsibility for harm obsessions with checking compulsions.
    - Order/symmetry obsessions with arranging compulsions.
    - Repugnant thoughts with mental rituals/neutralizing strategies.

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## Anxiety Disorders

- Specific Phobia
  - Marked and persistent fear of a specific stimulus.
  - Attempts are made to avoid feared stimuli.
  - Encounters with feared stimuli may result in severe anxiety reaction, possible panic attack.
  - Youth with ASD may differ with respect to source of fear.
- Separation Anxiety Disorder
  - Developmentally inappropriate fear of loss or separation from caregiver or home.
  - Technically cannot diagnose in ASD.

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## Anxiety Disorders in ASD

- Anxiety symptoms may not present the same as in typically developing children.
  - ASD symptoms and developmental delays/impairment may affect the form the anxiety symptoms take.
- Youth with ASD may experience different anxiety disorders at different ages.
  - Younger children: more likely to have specific phobia.
  - Adolescents: more likely to have OCD and Social Phobia.
- Anxiety symptoms can wax and wane
  - Parents/caregivers and/or professionals may not recognize anxiety symptoms and may attribute the symptoms to the youth's ASD, developmental problems, or other factors....
    - This may delay appropriate treatment.

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## ASD & Anxiety

- Because of the high risk for anxiety and the potential for negative impact on functioning and well-being, continuous assessment is needed in order to provide appropriate treatment in a timely manner.



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# Assessing Anxiety in ASD

*Continuous Assessment Model  
Methods of Assessment  
Assessment Measures  
Considerations in Assessment*

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- ## Assessment of Anxiety in ASD
- No specific evidence-based assessment guidelines yet published.
    - Some emerging clinical guidelines.
  - Assessment helps determine
    - If the child has one or more anxiety disorders or just has anxiety symptoms.
    - If anxiety symptoms are distinct from ASD symptoms.
    - If anxiety symptoms contribute to ASD symptoms.
    - If the anxiety symptoms/disorder is affecting functioning and/or well-being.

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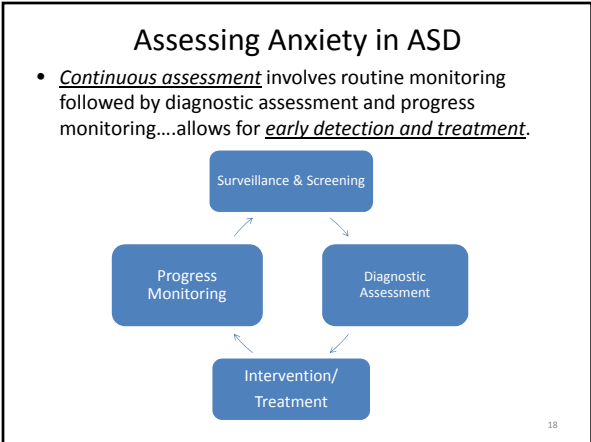
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### Continuous Assessment Model

- Given the high rate of anxiety in youth with ASD, parents/caregivers and school professionals need to *monitor (surveillance)* the child for any changes ....
  - from *typical baseline* level of functioning,
  - evidence of *personal distress*, and/or
  - a *pattern of behavior* emerging that is outside the norm for the child.
- Important to increase surveillance.....
  - during major transition periods (e.g., change of school or home, elementary to middle to high school to work),
  - when change occurs at home or school,
  - throughout adolescence, and/or
  - after health changes.

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### Continuous Assessment Model

- Both parents/caregivers and school professionals need to work collaboratively to monitor the child's behavior and functioning.
- If changes are observed, need to screen specifically for anxiety.
  - Methods: Observation, interview, rating scales.
- If the screen is negative → continue to monitor.
- If the screen is positive → diagnostic assessment.

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### Methods of Assessment

- Surveillance and Screening typically require one or two methods of assessment.
  - Surveillance-observation
  - Screening-rating scale, interview
- Diagnostic assessment should include multiple methods and multiple informants and gather data on the following...
  - Anxiety symptoms
  - ASD symptom profile
  - Developmental levels
  - Medical status and medications
  - Environmental/contextual changes
  - Baseline/premorbid and current functioning

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## Methods of Assessment

- Methods of assessment include...
  - Record Review
    - to obtain history on developmental, emotional-behavioral difficulties and treatment, and medical issues.
  - Interview
    - of the parent/caregiver, teacher (where applicable), and child (where applicable).
  - Questionnaires/Rating Scales
    - that measure anxiety symptoms (and other symptoms if applicable).

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## Methods of Assessment

- Methods of assessment include...
  - Direct observation
    - of the child (where applicable).
  - Functional Behavioral Assessment (FBA),
    - specific type of assessment that evaluates environmental and other factors that may be related to the child's anxiety.
    - particularly useful for those youth who may also have behavior problems (e.g., meltdowns) that may be related to anxiety symptoms.

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## Assessment Measures

*Some select measures*

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### Assessment Measures

- There are a number of assessment measures that can be used for screening, diagnostic and progress monitoring purposes.
  - Not a lot of research on these measures, but some is emerging.
  - Evaluator needs to be familiar with the measure to make sure it is appropriate for the purpose of the evaluation.
    - Screening vs. diagnostic vs. progress monitoring
- Direct Observation
  - Antecedent-Behavior-Consequence (ABC) form.
    - Recommended for use in surveillance and progress monitoring assessment.
    - Used often in a Functional Behavioral Assessment.

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### Assessment Measures

- Rating Scales
  - Good for screening, diagnostic and progress monitoring assessments.
    - Child Behavior Checklist 1.5-5 & 6-18\* (Achenbach & Rescorla, 2000, 2001)
    - Behavioral Assessment System for Children-II (Reynolds & Kamphaus, 2004)
    - Autism Spectrum Disorders- Co-morbidity for Children (Matson et al., 2009)
    - Aberrant Behavior Checklist (Aman & Singh, 1985)
- Interview
  - Good for screening, diagnostic and progress monitoring assessments.
    - Kaufman Schedule for Affective Disorders and Schizophrenia (K-SADS; Kaufman et al., 1996).
    - Functional Assessment Interview (FAI; O'Neill et al., 1997)

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### Assessment Considerations

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### Considerations in Assessment

- Data from the diagnostic assessment allows the clinician to determine what type of anxiety disorder the child may be experiencing.
  - May not be an anxiety disorder, but anxiety symptoms.
  - May have one or more anxiety disorders.
  - Anxiety may cause meltdowns and/or other behavior problems.

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### Considerations in Assessment

- Data from the diagnostic assessment allows the clinician to determine the interventions/treatment that would be most effective for the child.
  - Data inform the interventions needed to address ASD symptoms that are related to the anxiety.
  - Data inform the interventions needed to address the anxiety symptoms/disorder.
  - Data also provide a baseline for monitoring response to the intervention/treatment.

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### Treatment

Methods  
Considerations

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## Treatment Methods



There are a number of treatment options for anxiety disorders.

- Behavioral interventions.
- Cognitive-behavioral interventions.
- Psychopharmacological interventions.
- Combination interventions.



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## Treatment Methods

### Behavior Therapy Models

- Direct Instruction Models
  - Assertiveness training
  - Problem-solving training
  - Social Skills training (e.g., Skillstreaming Series)
  - Self-instruction
- Relaxation training
- Exposure methods
- Systematic desensitization methods

### Cognitive-Behavior Therapy Models

- Self-instructional Training.
- Coping Skills Therapy.
  - Anxiety Management Training.
  - Systematic Rational Restructuring.
- Problem-solving Therapy
- Self-Management Therapy
  - Self-control training
  - Self-regulation training

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## Treatment Methods

### Psychopharmacology

- Seeks to correct biochemical abnormalities thought to be responsible for the anxiety & associated behavior problems.
  - Atypical Antipsychotic
    - aggression, self-injurious behavior & tantrums
  - Serotonin Reuptake Inhibitors (SRI)
    - repetitive behaviors
  - Stimulants
    - attention and impulsivity
- No evidence-base established for medication except Risperdal (atypical)

### Combined

- Behavior therapy (BT), cognitive-behavior therapy (CBT) and medication are used to address skill deficits in the areas of emotion and behavior regulation and chemical abnormalities hypothesized to contribute to anxiety.
- Behavior Therapy, Cognitive-behavior Therapy, and/or medication.

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## Treatment Methods

- Parent/caregiver/staff training should be provided to assist with transfer of skills to home/community ....
  - Training often includes information/strategies for...
    - ASD impairments and how they relate to anxiety.
    - Anxiety symptoms and intervention methods.
    - Strategies for assisting the child to use anxiety management skills at home and in the community.
      - Contingency Management
      - Coping and Problem-solving Scripts
      - Reinforcement Systems
    - Home-school-community collaboration strategies

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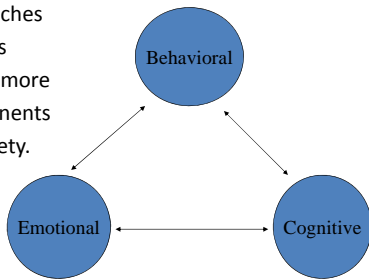
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## Treatment Targets

Different treatment approaches address one or more components of anxiety.



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## Treatment Objectives

### Behavior

- To teach the child to identify his/her behavioral response (internal arousal/external expression) to anxiety/anxiety trigger, and outcomes.

### Emotion

- To teach the child to identify, label, and express his/her emotion.

### Cognition

- To teach the child coping self-statements and problem-solving skills.

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## Treatment Response

- To evaluate the child's response to intervention a formalized progress monitoring system should be established and revisions made to the treatment plan based on performance data.



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## Treatment Considerations

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## Treatment Considerations

- Often, treatment methods will need to be adapted to the child's instructional level.
  - Most treatment methods focus on a skills-based approach with an emphasis on Direct Instruction (instruct, model, practice, reinforce).
  - May need to do shorter sessions, more frequently.
  - May need to provide training in the natural setting.
  - May need to provide more opportunity to practice anxiety management skills and strategies.

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## Treatment Considerations

- May need to use social-cognitive supports and visual supports.
  - Social stories, coping cards, problem-solving cards.
  - Visual cues for specific skills/strategies, rule cards, prosocial skill cards etc.
- May also need to provide training in language and functional communication.
  - Vocabulary and language structure for identifying and expressing....
    - Triggers to anxiety.
    - Emotions and body sensations.
    - Coping statements and cognitive rules.
    - Behavior and outcomes.

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## Question & Answer

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## Select Resources

- Books
  - Smith-Myles, B., & Southwick, J.(1999). Asperger syndrome and difficult moments: Practical solutions for tantrums, rage, and meltdowns. AAPC available at [www.asperger.net](http://www.asperger.net)
  - Attwood, T. (2004). Exploring feelings: Cognitive behaviour therapy to manage anxiety. Future Horizons, Arlington:TX available [www.FutureHorizons-autism.com](http://www.FutureHorizons-autism.com)
  - Baron, Groden, Groden, & Lipsitt (Eds). Stress & Coping in Autism (2006). Oxford University Press Inc: New York, NY.
  - Goldstein, A.(1999).The PREPARE Curriculum: Teaching Prosocial Competencies-Revised Edition. Available through *Research Press*.
  - McGinnis & Goldstein-Skillstreaming Series available through *Research Press*.

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## Select Resources

- Rating Scales & Interview:
  - Aberrant Behavior Checklist:  
<http://www.stoeltingco.com/stoelting/2257/1467/1497/Psychological/Aberrant-Behavior-Checklist-ABC>
  - Child Behavior Checklist:  
<http://shop1.mailordercentral.com/aseba/>
  - K-SADS:  
<http://www.wpic.pitt.edu/ksads/default.htm>

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