Treating Anxiety in Adults with Autism Spectrum Disorders

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Fear is good, too much fear is bad because we lose our ability to think clearly…
Michael Weisberg

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Definitions (Manassis, 1996)

- **Worry**: Preoccupation with frightening and upsetting aspects of experience, often anticipated and not yet experienced
- **Fear**: “a strong, physical, mental, and emotional reaction to truly dangerous events”
- **Anxiety**: “fear in the absence of real danger”
- **Disorder**: Excessive and persistent; anxiety markedly interferes with day to day functioning
- **Brave behavior**: Facing fears, tolerating anxiety, letting go of worries

Making the Case—Why Study Anxiety in People with ASD?

- **Prevalence**
  - Anxiety symptoms are very common in people with ASD (Breslau et al., 2006; Lainhart, 1999; Mura et al., 1997)
  - In a recent population based study, 42% of children with ASD between the ages of 10-14 met criteria for at least one anxiety diagnosis (Siminoff et al., 2008)
  - By adulthood, 59% of an adult sample with high functioning ASDs met criteria for an anxiety disorder

If manageable, anxiety and fear gets us to act and to deal effectively with perceived threats.

Anxiety has great evolutionary utility; it alerts us to danger and helps keep us alive to pass on our genes.

Michael Weisberg, M.D
Facts about Anxiety Disorders
- Higher rates among females than males (2:1 or 3:1 by adolescence)
- Highly co-occurring with other conditions
  - As anxiety "load" increases, risk for secondary psychopathology increase → "gateway disorder"
  - Anxiety influences the onset of cardiac disease via stress induced atherosclerosis, endothelial dysfunction and reduced heart-rate variability.

Characteristics Cont’d
- Physical Illness: Seizures, illness
- Executive Function
  - Difficulty with goal directed activities, planning, flexibility, self monitoring
- Regulation/Managing emotions
- Hardiness: Ability to take on challenges
- History of trauma/rejection

High Cost of Untreated Anxiety/Depression

Suicidal Ideology: 66% of adults diagnosed with ASD reported previous or current SI, 35% had planned or attempted suicide and 31.5% had depression

(Cassidy et al., 2014, IMFAR)

Anxiety Differences in ASD: Developmental Course
Developmental trajectory is different in ASD samples than in typical populations:
- Anxiety rises from toddlerhood to childhood, decreases from childhood to young adulthood, but again increases from young adulthood into older adulthood (Davis et al., 2011)

Through the use of national data completed by caregivers and young adults with ASD (n=500), results indicate:
- First 2 years out of high school are very difficult—very high risk of being disengaged (Shattuck et al., 2009)

Characteristics of Adults with ASD that Increase Vulnerability
- Social:
  - Difficulty reading social cues, poor perspective taking, poor history of social relationships
- Communication:
  - Difficulty with emotional expression, reciprocal conversation,
- Sensory Differences:
  - Auditory, visual, tactile

Anxiety Differences: Nature of Anxiety
- Nature of fears may be different (Kerns & Kendall, 2013)
- Increased rates of Social Anxiety and Generalized Anxiety Disorder in adults with ASD
- Antecedents may be unique:
Stress Survey for Autism
- Component 1: Ritual Related Stress
- Component 2: Social/Environmental Interactions
- Component 3: Food Related Activity
- Component 5: Pleasant Events
- Component 6: Anticipation/Uncertainty
- Component 7: Changes and Social Threats
- Component 8: Unpleasant Events

Assessment
- Multimodal approach:
  - Report by family members/significant others
  - Interview/questionnaires
  - Behavioral observations
  - Physiological measures
  - Avoidance, problem behavior, increased repetitive behavior/restricted interests ➔ antecedents and consequences

Symptom Expression of Anxiety in Adults with ASD
- Avoidance of novelty
- Resistance on change in routines
- Preference for rules
- Narrow focus of attention
- Insistence on sameness
- Increase in repetitive behaviors and/or intensity of special interest
- Irritability
- Explosive
- Withdrawal from social situations
- Shut down

Case Formulation
- Integrates assessment information together with:
  - Skill deficits AND lifestyle factors that contribute to the development and maintenance of the problem
- Considers:
  - Strengths/interests difficulties
  - Values and goals
- Guides us as to what area to tackle first – most pressing or most opportunity

Assessment of Problem
- Physiological symptoms
- Cognitive aspects
- Behavioral aspects
- Explore meaning & history of symptoms
- Investigate coping strategies (which may be maladaptive)
- Lifestyle factors:
  - Comfort may maintain symptoms
  - Caffeine, alcohol, nicotine, food
  - Quality of relationships
  - Distance from desired lifestyle

Cognitive Behavioral Therapy: Components of Treatment
- Psycho-Education
- Problem solving
- Behavioral approaches – especially overcoming avoidance
- Cognitive approaches
- Emotion regulation approaches
- Relapse prevention
Before We Get Started: Social Skills and Support

- Many aspects of an individual's anxiety may be due to social skill deficits
  - What social skills are necessary to achieve specific goals?
- Much of the work that is done will need to be done through the support of others outside the therapy session
  - Who can help support this work?

Social Skill Assessment

Basic areas that are typically targeted:

- Eye contact
- A friendly smile and nonverbal indicators of interest
- Remembering names
- Be a good listener
- Approach other people and initiating interactions
- Effective conversation skills

John Walker, PhD

How important is social support?

- Not all of the people who come for help would agree on the importance
- Family/social support is especially important during stressful times, transitions, and securing work

Step 1: Define Anxiety and Motivation for Change

- Identify situations that trigger anxiety
- Map out anxiety symptoms (your physiological experience)
- Identify others who can support you in addressing anxiety (those who may even help maintain avoidant patterns)
- When anxiety decreases, what goals will you be able to achieve?

Step 2: Establish a Neurobehavioral Framework

- Provide factual information about anxiety
- Establish the circular connection between physiological reactions, thoughts, and somatic response
- Worry's "false alarm"
- Establish basic principle that anxious feelings will pass

(March & Mule, 1998)
Cycle of Anxiety

- Decreased Learning + Coping
- Physical Reactions
- Behaviors
- Thoughts

Mental Adjustment

- You may be distracted from life’s goals by physical discomfort of anxiety….the struggle to reduce anxiety may lead to social isolation/self-deprecation
- Balance between acceptance and change (ACT)

CBT Conceptualization of an Individual with Social Anxiety (adapted by Weissman et al)

- Physical feelings
  - Sweating
  - Rapid heart rate
  - Dry mouth
  - Headache
- Ordering food in a restaurant

Mental Adjustment

- Complete reduction of anxiety is likely impossible—do things in spite of anxiety
- Complete avoidance of feared situations will maintain symptoms
  - Physical avoidance—items or social situations
  - Experiential avoidance — avoiding feelings, thoughts, memories

Step 3: Create a Stimulus Hierarchy

- Introduce the stress-o-meter as a means of measuring anxiety and communicating about anxiety
- List anxiety provoking situations
- Rank order the situations

Step 4: Introduce Tools to Address Anxiety Symptoms

- Fine tune self-awareness of anxiety
- Modeling coping/Practice coping self talk
- Burn out anxiety through physical activity
- Develop a list of distracting/relaxing activities
- Skill building

John Walker, Ph.D.

Completely Controlling Anxiety is Not the Solution

- Complete reduction of anxiety is likely impossible—do things in spite of anxiety
- Complete avoidance of feared situations will maintain symptoms
  - Physical avoidance—items or social situations
  - Experiential avoidance — avoiding feelings, thoughts, memories
Elicit Social Support in Modeling Coping

- Mastery Modeling: demonstrates successful performance
- Coping Modeling: demonstrating strategies to overcome the problem, verbalizing the process

(Kendall, 2009)

Self Talk

- Negative self talk is a key contributor to poor outcome—goal is to shift from negative to neutral (task relevant)
- Thought bubbles
- Index cards
- Cartoon sequences

Use of technology to:

- monitor anxiety symptoms on a regular basis
- Reminders for relaxing/calming activities
- Reminders of steps to take when faced with a challenging situation
- Social skill reminders

Teaching Emotion Regulation: Plan to Get to Green

- Develop a specific plan for when you are in the "red" zone
- Move one step at a time (e.g., 8-7; 7-6; 6-5, etc.)
- Share w/ family that they should avoid problem solving when you are in "red"
- Create reward program for using strategies and staying in "green"

Example ITouch Screens

<table>
<thead>
<tr>
<th>How anxious are you feeling?</th>
<th>REMEMBER:</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Helpful thoughts</td>
</tr>
<tr>
<td>9</td>
<td>Fight fear with facts</td>
</tr>
<tr>
<td>8</td>
<td>Think of other things</td>
</tr>
<tr>
<td>7</td>
<td>Calming activities</td>
</tr>
<tr>
<td>6</td>
<td>Wait—worry goes away</td>
</tr>
<tr>
<td>5</td>
<td>Do another activity</td>
</tr>
<tr>
<td>4</td>
<td>Remember social facts</td>
</tr>
<tr>
<td>3</td>
<td>Other:</td>
</tr>
<tr>
<td>2</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Step 5: Begin Facing Fears

- Identify beginning situations from hierarchy
- Create a specific plan of action
- Practice graded exposure
- Encourage self-evaluation/self-reward
Face Your Fears: Oral Presentation in College Classroom

<table>
<thead>
<tr>
<th>Exposure Steps</th>
<th>Number of People Observing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deliver a powerpoint to familiar and unfamiliar peers/adults</td>
<td>14</td>
</tr>
<tr>
<td>Deliver a powerpoint to familiar peers and adults</td>
<td>10</td>
</tr>
<tr>
<td>Practice in front of a small group</td>
<td>5</td>
</tr>
<tr>
<td>Practice out loud at home</td>
<td>0</td>
</tr>
</tbody>
</table>

Troubleshooting Challenges Along the Way:

- Anxiety is still there
  - “I face the situation often, but I still feel anxious”
  - Physical symptoms or visible signs of anxiety is still significant: when should medication be considered?
- Social Fears:
  - Limited social contacts &/or limited social skills
  - Work to build these supports and networks
- Transition/Work related Fears:
  - Incorporate job coaches, work personnel
- Poor follow through
- Poor motivation

Environmental Fit and Self-Disclosure

- Change is difficult but it is easier when the environment is a good fit:
  - People identify your strengths
  - You are in a position that is matched to your strengths
  - People are able to make change with you
- If we start to make important changes others around us often start to make gradual changes
- Self disclosure may help others support and change with you

To Summarize

- Anxiety represents a serious mental health problem
- Anxiety symptoms and disorders significantly interfere with interpersonal and professional functioning
- Anxiety disorders and ASD highly co-morbid
- CBT is the intervention of choice
- Social support is critical in helping a person to treat his/her anxiety