

Q and A: Anxiety in Children with ASD

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1) Is anxiety very prevalent in ASD kids?

Yes. Generalized anxiety disorder (GAD) and social phobia both appear to be present in about a third of youth with ASD with OCD occurring in about a fifth of youth with ASD. Many symptoms of ASD and anxiety also overlap such as avoidance of social situations, repetitive behavior or adherence to routine, and difficulty with separation. The high rates of anxiety among children with ASD are present regardless of cognitive level. It should also be noted that many of the bigger behavioral challenges associated with ASD such as disruptive behavior tantrums, aggression and self-injury are exacerbated by anxiety. There is actually a theory in the research that anxiety may be part of the framework of ASD in the same way that attentional challenges can often be. This theory hasn't yet been confirmed or disproven in the research, however it is interesting to note that ASD and anxiety so often track together that this theory that anxiety is actually part of ASD was posited.

2) How can different types of anxiety (situational anxiety, anxiety related to perfectionism, separation anxiety, test-taking anxiety, anxiety related to increased responsibility) be addressed at home?

Currently cognitive behavioral therapy is the most research-supported treatment modality for addressing anxiety in children with ASD. This is not something that can be delivered in the home per se, however home-based challenges around anxiety will likely begin to improve as a child begins to respond to cognitive behavioral therapy delivered by a psychologist or therapist.

The home-based strategies that I recommend are based around mindfulness, and around identifying where anxiety may be lurking in the family system as a whole and addressing that anxiety. Mindfulness as a construct is a state of relaxed, focused attention. Mindful attention focus in particular on the present moment and takes in as much of the present-moment experience as possible, including thoughts and feelings. Mindful awareness also has a non-judgmental quality to it so that thoughts feelings and experiences can be noted without needing to be engaged with. This is a very helpful mind-state to cultivate for anxiety and can be fostered on a family-wide level through the use of breathing, movement, and mindfulness meditation techniques. These will be explained in detail during the parent presentation I am giving on June 2.

It is also important to note that children with ASD are often quite sensitive to any tensions, especially unspoken tensions, in the family. As such it is important for parents and neurotypical siblings to examine anxieties and fears they themselves

may have, particularly about autism itself and what it might mean for the family member with ASD, as these may inadvertently be feeding anxiety for the child with ASD. This concept will also be explained in detail on June 2.

In general, fostering an environment in families where mindful awareness is modeled and practiced often and where anxiety is effectively spoken and processed throughout the family system will go a long way in reducing anxiety symptoms of most types in children with ASD. Modeling mindful awareness and effective anxiety-management would also include modeling the use of self-compassion rather than negative self-talk, as well as other helpful strategies for children with ASD to learn and employ.

3) What treatment modalities are available beyond cognitive behavioral therapy?

As stated above, currently cognitive behavioral therapy is the primary evidence-based approach for treating anxiety in children with ASD. However where this doesn't work, mindfulness-based therapy and/or family-based therapy with a focus on unspoken anxiety in the family system has been quite useful in my experience.

4) How long does it take ASD kids to learn coping techniques for dealing with anxiety? Do they have enough time to learn and apply these techniques before age 18? What should we do for kids after age 18?

Unfortunately there's not a definitive way to answer this as each child is so different. I will say that the strategies outlined above are applicable for any individual with ASD still living with or strongly connected to their family system.