MODIFIED COGNITIVE BEHAVIORAL THERAPY FOR ANXIETY IN CHILDREN WITH AUTISM SPECTRUM DISORDER

Patricia Renno, PhD

Semel Institute for Neuroscience and Human Behavior Child and Adult Neurodevelopmental (CAN) Clinic University of California, Los Angeles



### Outline

- 1. The presentation of anxiety in youth with autism
- 2. Cognitive behavioral therapy principles to treat anxiety in children with autism
- 3. Modifications to CBT for children with autism
- 4. Resources for families and practitioners



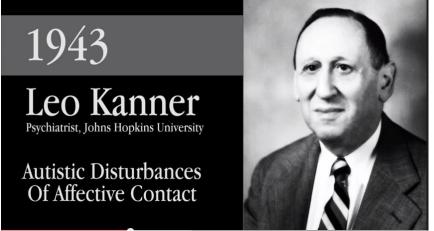
#### **Anxiety versus Anxiety Disorders**

- Anxiety: A mood state of mixed negative emotion and neural arousal that occurs when anticipating a future threat. A normal mood state experienced by everyone at times. Has adaptive (motivational) value.
- Anxiety Disorders: Unrealistic, disabling anxiety associated with personal distress and substantial impairment in social, academic, or family functioning.



# Background

- Case 1, Donald: "we brought him to a playground slide... when other children were sliding on it... he would not get on it... he seemed horrorstruck."
- Case 2, Barbara: "very timid, fearful of various and changing things, wind, large animals, running water, gas burners, and many other things."



 Case 8: Alfred: "... a good deal of 'worrying.' He frets when the bread is put in the oven to be made into toast, and is afraid it will get burned and be hurt..."

# Significance of Anxiety in ASD

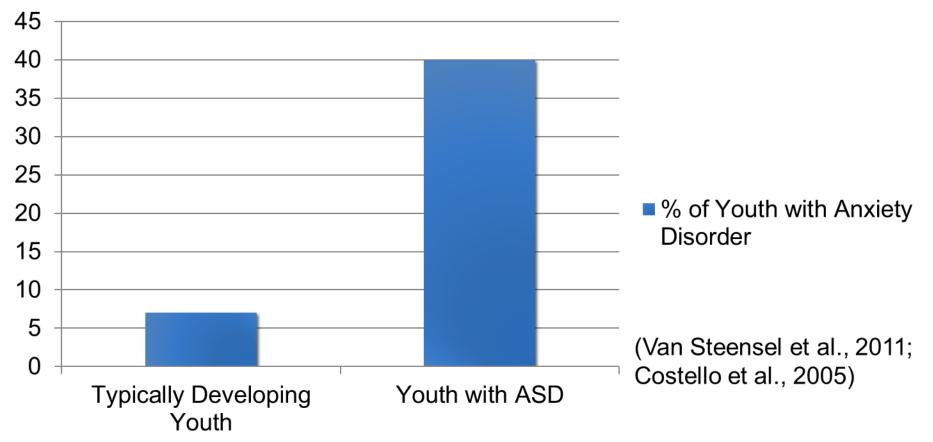
- One of the most common associated psychiatric concerns among individuals with ASD.
- Associated with a number of physical and psychosocial symptoms:
  - Negative effect on school performance, peer relationships, family functioning
  - Exacerbation of core ASD symptoms
  - More problem behavior
  - Gastrointestinal illness
  - Self-injurious behavior
  - Depressive symptoms



(e.g., Evans et al., 2005; Reaven, 2009; Wood & Gadow, 2010; de Bruin et al., 2006; (van Steensel, Dirksen, & Bögels, 2013)

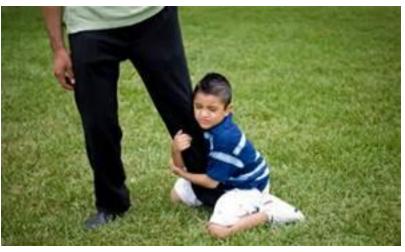
#### Prevalence of Anxiety in Youth

% of Youth with Anxiety Disorder



# **Separation Anxiety Disorder**

- Occurs in up to 9% of youth with autism
  - Distress when separating from loved ones
  - Worry about harm or loss of loved one
  - Worry of an event that would cause separation from loved one
  - Reluctance to go out
  - Nightmares, co-sleeping, resistant to being alone



# **Social Anxiety Disorder**

- Occurs in up to 17% of youth with autism
- Fear of being negatively evaluated by others
- Avoid social situations
- May cry, throw a temper tantrum, freeze-up, fail to speak



# **Generalized Anxiety Disorder**

- Occurs in up to 15% of youth with autism
  - Excessive anxiety and worry that is difficult to control
  - Worries about school, family, the weather, health, finances
  - Accompanied by physiological symptoms (e.g., muscle tension, sleep disturbance, irritability)



# **Specific Phobia**

- Occurs in up to 30% of youth with autism
  - Very specific fears
    - Animals
    - Natural environment
    - Shots
    - Doctors
    - Costumed characters
  - Significantly interferes in the child's life



# **Obsessive Compulsive Disorder**

- Occurs in up to 17% of youth with autism
  - Unwanted thoughts and images that are distressing and cause anxiety and discomfort
  - Individual may engage in repetitive behavior (compulsion) to reduce anxiety
  - Common types: fear of contamination, exactness/symmetry, checking, repeating



## Recent Research on Ambiguous Anxiety Symptoms in ASD

#### Atypical Specific Fears

- E.g., fear of toilets, vacuum cleaners, happy birthday song, bubbles, running water
- Atypical Social Fear
  - Social fearfulness without awareness of social judgment or negative social evaluation
- Fear of Change
- Special Interest Fear
  - Fear around not being able to access special interest
- Fears around Sensory Sensitivities



# **Presentation of Anxiety**

#### Physiological manifestation

- Increased arousal: "Fight or Flight" Response
  - Pounding heart, sweating, headaches, stomach upset, dizziness, muscle tension, shortness of breath, shaking
  - Anxious facial expression and body language
  - Crying/screaming
  - Sleep/eating disturbances

#### Behavioral manifestation

Avoidance, escape, reassurance, distraction

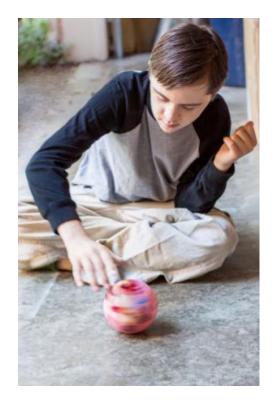
#### Cognitive manifestation

- Cognitive distortions (Catastrophizing, all or nothing thinking)
- Worrying about perceived threats



# What it may also look like in ASD

- Behavioral manifestation:
  - Increases in:
    - Sensory behaviors
    - Repetitive behaviors
    - Ritualistic behaviors
    - Socially inappropriate behaviors
    - Challenging behaviors
- Cognitive manifestation:
  - May be no clearly identifiable threat cognition



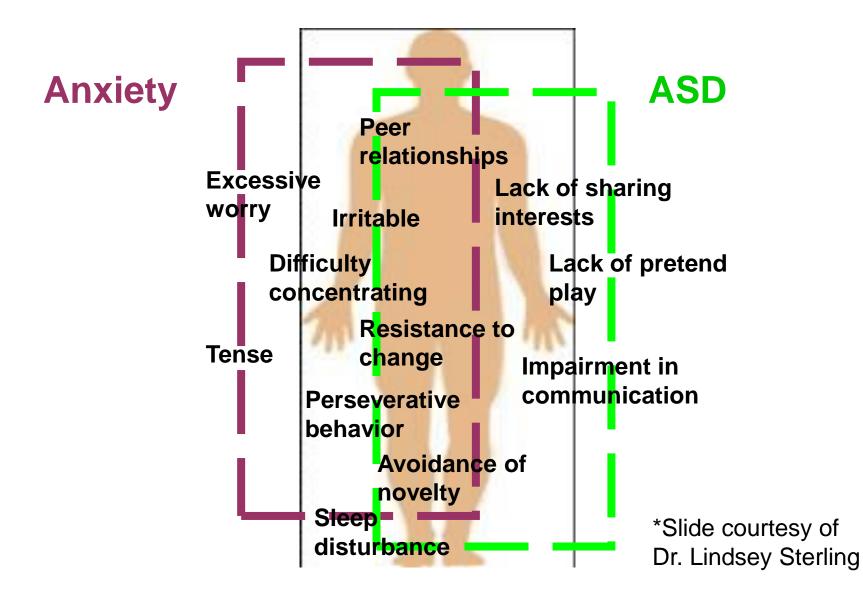
Magiati et al., 2017

# Why so Common in ASD?

- Brain mechanism/Genetics?
  - Role of the amygdala in both syndromes
    - Herrington et al, 2017 (JADD)
  - Increased rate of mood disorders in parents of children with ASD
- Common neuro-cognitive mechanisms?
  - Executive functioning deficits
    - Cognitive rigidity
      - Difficulty shifting one's attention
      - Cognitive "stickiness"
  - Perseverative thinking style
    - Rumination on negative thoughts
- High levels of daily stress due to ASD?



## Assessment of Anxiety in ASD



# Assessment of Anxiety in ASD

- Challenging!
- Many overlapping symptoms
- Impaired communication of youth with ASD
- Impaired insight
- Ambiguous manifestations of anxiety in ASD
- Co-occurring intellectual disability

# Construct Validity of Anxiety in ASD

- Symptoms can be reliably differentiated!
- Emerging evidence of Construct Validity:
  - Convergent and discriminant validity (Renno & Wood, 2013)
  - Elevated baseline skin conductance (Sterling et al., under review)
  - Expected treatment response (Wood et al., 2009)
  - Genetic markers of negative affectivity/anxiety in TD youth are also present in children with ASD and anxiety (Gadow et al., 2014, 2008, 2009, 2010)

# Treatment of Anxiety in ASD

#### **RCTs conducted at UCLA**



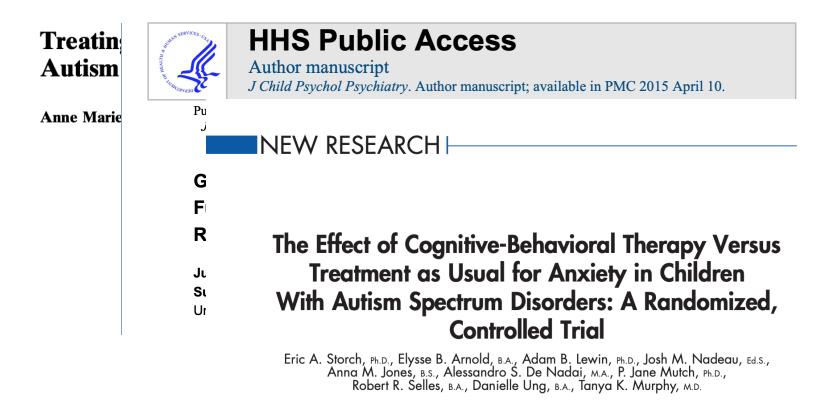
Eric A. Storch4,5

treatment-as-usual (TAU) co sessions emphasized behave

## **Other Studies**

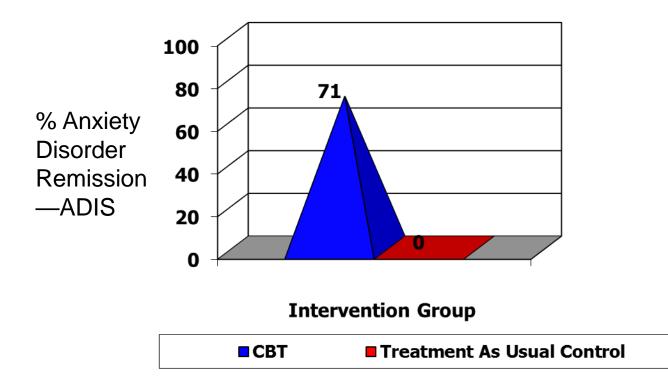
J Autism Dev Disord DOI 10.1007/s10803-006-0318-4

#### ORIGINAL PAPER

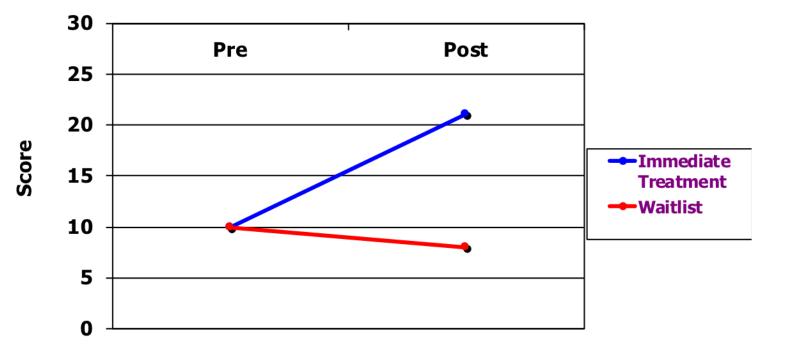


#### Brief Empirical Evidence of Effectiveness of CBT Trial in Children with ASD

• % Diagnostic Remission @ Post (Wood et al., 2014)



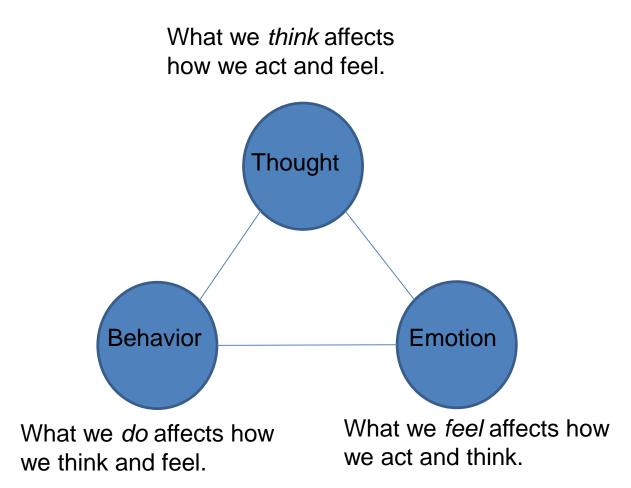
# Observed Positive Peer Social Engagement



TIME OF ASSESSMENT

F(1,10) = 8.86, p < .05;Cohen's d Effect Size = 1.62

## Treatment of Anxiety in ASD: Cognitive Behavioral Therapy (CBT)



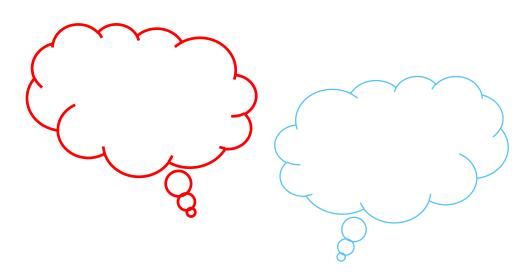
## **Phase One: Psychoeducation**

- What is Anxiety?
  - Brain-based, activation of the amygdala, fight/flight response
  - Learn Bodily cues of anxiety
  - Learn Facial expressions
  - Parents learn common patterns
     of child anxiety



# Phase 2: Skills Training

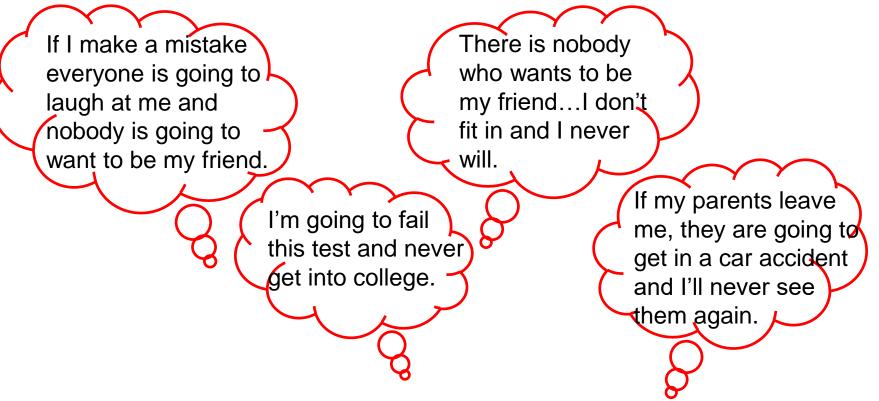
- Build Coping Skills
  - Relaxation
  - Identifying irrational/maladaptive thoughts
  - Cognitive Restructuring: replacing catastrophic thoughts with more rational thoughts
  - Positive "self-talk"





# Identifying Negative Thoughts

- Learning to identify negative thoughts and cognitions that we have about different situations.
- What "bad things" we think are going to happen.





# Identifying Calm Thoughts

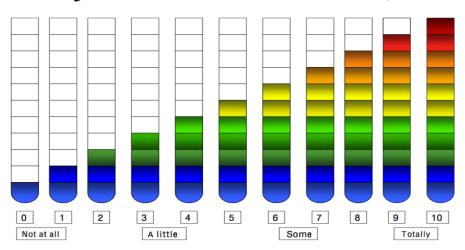
- Fighting back against "irrational thoughts"
  - Ex.: What's the likelihood of it happening?
  - Ex.: If it does happen, how bad is it really going to be?

Probably nobody will even notice. People make mistakes all the time. It's not very likely they'd get in a car accident.
 They've never been in an accident before.

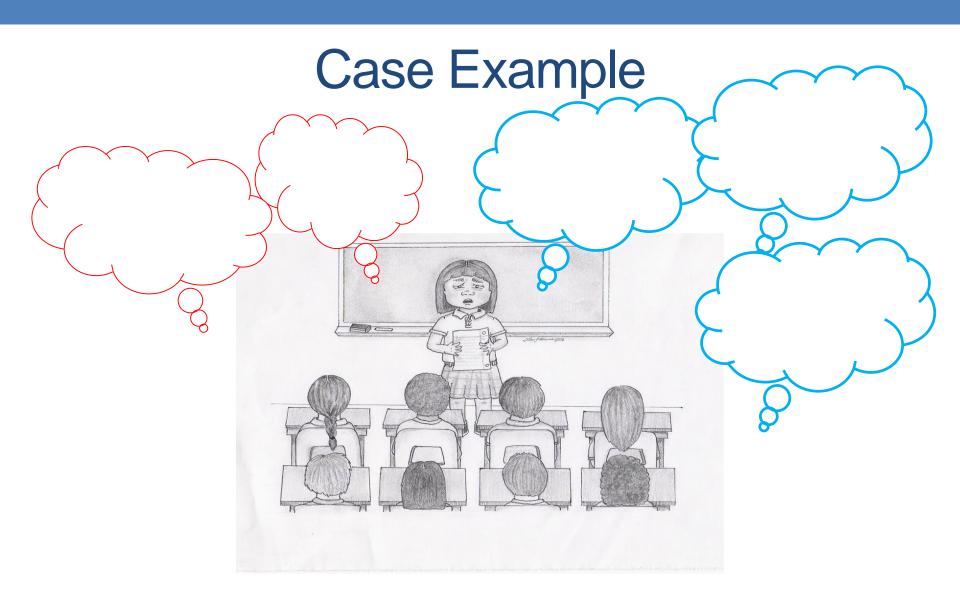
Nobody is perfect. I'm doing the best that I can. I just haven't found the right friend yet. There are lots of people I haven't met yet.

# Phase 3: Skills Practice

- Hierarchy of fears with "fear ratings"
- Break feared situations into "baby steps"
- Children gradually attempt increasingly "challenging" feared situations to develop confidence and mastery.
- Practice in session
   and throughout the week
- "What did we teach our brain today?"
- Positive Reinforcement for hard work!



#### FEELINGS THERMOMETER



Background about BIACA Behavioral Interventions for Anxiety in Children with Autism

- Family-based Cognitive Behavioral Therapy
- 16 weekly sessions, 90 minutes each.
- Modular-based
- Phase 1: Psychoeducation
- Phase 2: Skills Training





# Modifications for ASD: Large Scale Reward System

- Necessary!!
- Idea: Compensation for hard work
- Verbal Praise
- Must be motivating to the child
  - Not socks 🙂



# **Rewards and Privileges Menu**

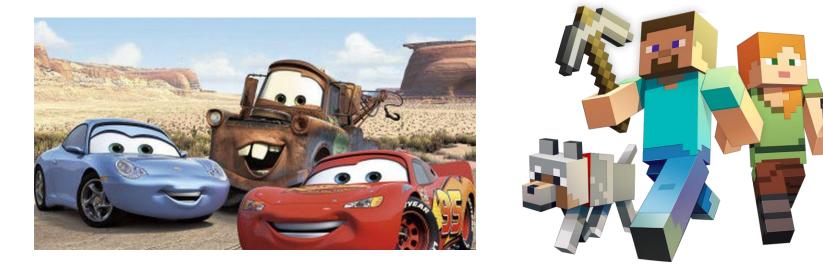
Daily rewards & privileges	Medium rewards & privileges	Long term rewards & privileges
1	1	1
2	2	2
3	3	3
4	4	4

#### Modifications for ASD: Visual Aides

Lots of cartoons and visual prompts!



#### Modifications for ASD: Use of Special Interests





## Modifications for ASD: Include Social Communication Goals



#### Modifications for ASD: Independence and Self-Help Skills Focus



#### Important Ingredients: Homework



#### Celeste's

UCLA Chart



	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<ol> <li>Follow directions by the 2<sup>nd</sup> time I'm asked.</li> </ol>							
2. Read a paragraph to my family members while standing up. Choose something different to read each day.							
3. When out in the community, be the "Family Ambassador" by greeting people, asking questions and/or ordering for the family.							

15 POINTS =

# **Specialized Parenting Techniques**

- Model staying calm and using coping skills
- Accept and label the emotion
- Give your child time to cool down and work through the anxiety on his/her own
- Provide choices



Reward

## Limitations to the Evidence-Base

- Research conducted in the clinic setting
  - Lots of supervision/eyes on the case
  - Highly invested families
  - Need to be tested in schools and the community

#### • Research limited to youth with ASD and IQ > 70

- RCTs so far have excluded children who are minimally verbal and have IQs < 70.</li>
- Some research has started modifying CBT for use with minimally verbal youth with ASD and IQ < 70 (Dr. John Danial)</li>

## Behavioral Interventions for Anxiety in Minimally Verbal Individuals with ASD

- Graduated exposure plus positive reinforcement
- Modeling
- Prompting
- Visual aides
- Mantras
- Examples in the literature: fear of dogs, water, social activities, swimming pools, blood draws

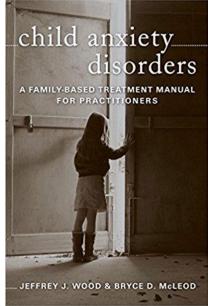
Hagopian et al., 2017

# **CBT Resources: Professionals**

- Treatment guide for parents, teachers, and mental health professionals:
  - Managing Anxiety in People with Autism by Anne Chalfant
- Published manuals for Clinicians:
  - CBT for Children and Adolescents with High-Functioning Autism Spectrum Disorders by Angela Scarpa, Susan White, & Tony Attwood
  - Child Anxiety Disorders: A Family-Based Treatment Manual for Practitioners by Jeffrey J. Wood & Bryce D. Mcleod (for TD)
- Research Study: Internet-Based CBT

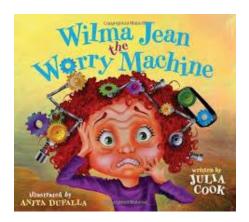
training for clinicians in the community working with children with ASD

 If interested: contact Dr. Jeffrey Wood jwood@gseis.ucla.edu



# **Anxiety Resources: Families**

- Published manual for anxiety in people with autism:
  - Managing Anxiety in People With Autism: A Treatment Guide for Parents, Teachers and Mental Health Professionals by Anne M. Chalfant
- Child Anxiety Tales (Phil Kendall)
  - Online parent training program to help anxious youth (not specific to ASD)
- Children's Books
  - Wilma Jean the Worry Machine by Julia Cook
  - Is a Worry Worrying You? by Ferida Wolff
  - Wemberly Worried by Kevin Henkes
  - What to Do When You Worry Too Much by Dawn Huebner
- Teen Books
  - My Anxious Mind: A Teen's Guide to Managing Anxiety and Panic by Michael Tompkins



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#### **Contact information**



Patricia Renno: prenno@mednet.ucla.edu

# Thank you!