

Building Resiliency and Lowering Anxiety

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AutismONTARIO

see the potential voir le potentiel

Objectives

- To better understand anxiety, phobias, and panic attacks in children with ASD
- To learn some behavioural techniques for reducing meltdowns at home and at school that may be rooted in anxiety
- To practice and plan stepwise exposures to potentially anxiety producing events
- To try out some of the common practices in the cognitive and behavioural anxiety "tool box"
- To learn about and practice positive behavioural techniques that support more adaptive coping, competence, and independent management skills



Why Worry About Anxiety?



Why Worry About Anxiety?

- Anxiety disorders, including phobias, OCD and social anxiety impact about 40% of people with ASD. (van Steensel, Bogels, & Perrin, 2011)
- A number of studies suggest that anxiety disorders are the most common co-morbid disorders in ASD. (Simonoff, et al 2008)
- The cost of untreated anxiety can be high for both children with autism and their families. (Lebowitz & Omer, 2013)



Anxiety is Normal

- Anxiety is a normal, often helpful, human response to threatening events.
- Physical reactions, such as a racing heart, sweaty palms, and butterflies in the stomach are part of our adaptive survival mechanisms.
- We are quickly prepared to take actions in the face of threats that better our chances of survival. We can run away, attack, or freeze and hide.
- We learn from our experiences, and one important thing we learn is to avoid threatening situations in the future.



What's Wrong With That?





Sometimes our anxiety is unwarranted or out of proportion, and can get in the way of learning and life.



Getting Stuck



Anxiety

- An unpleasant feeling often described as a combination of fear, apprehension, and worry.
- Common physical symptoms include heart palpitations, nausea, chest pain, shortness of breath, muscle tension, and headache.



Anxiety continued...

- Many verbal people with ASD describe fear of crowding, noise, unfamiliar people, sudden occurrences, smells and other unpleasant physical sensations.
- Many children with ASD have difficulty communicating what they are experiencing. It can be hard for them to get help before feelings become overwhelming and behaviour unmanageable.



Phobia

- A phobia is a seemingly irrational, persistent fear of certain situations, objects, activities, or persons.
- Watson showed that phobias could develop out of simple stimulus pairings.
- Many children with ASD develop phobias easily and repeatedly.
- Like all people, they remember aversive situations very well and avoid them.



Panic Attack

A panic attack is a “brief period of intense fear or discomfort” that typically reaches a peak in about 10 minutes and then subsides.

Common symptoms include:

- Heart palpitations
- Sweating
- Trembling or shaking
- Shortness of breath
- Choking feeling
- Chest pain or discomfort
- Nausea
- Dizzy, unsteady, lightheaded or faint
- Feeling of unreality or detachment from self
- Fear of losing control or going “crazy”
- Fear of dying
- Feelings of numbness or tingling sensations
- Chills
- Hot flushes or feelings of heat



Panic Attacks

Oftentimes panic attacks appear to come “out of the blue.” They can also have specific triggers.

Sometimes people having a panic attack scream and cry.

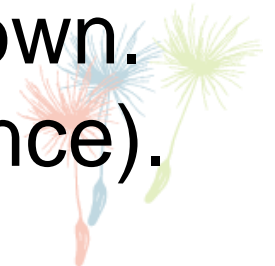
Frequent panic attacks can be a feature of other anxiety disorders.



Panic Attacks in People with ASD

In ASD:

- Differences in sensory processing may trigger panic attacks or increase anxiety.
- The lack of a preparedness response may make the sensation of environmental stimuli more intense and unexpected.
- Sometimes it is hard to tell the difference between a panic attack and a meltdown. (Sometimes there may be no difference).



How Can We Help? First . . .



Acceptance and
Compassion



Treating Anxiety

- We know the costs of not intervening can be high for children with ASD, family members and caregivers and we know there are a range of effective supports and intervention methods.



Effective, Ongoing Support Can:

Reduce:

- The intensity and frequency of anxiety-related meltdowns and panic attacks
- Parent stress as family members make increasingly costly and time-consuming efforts to accommodate anxiety
- Conflict between caregivers' over parenting style
- Entrenched avoidance that becomes more difficult to ameliorate as children practice avoiding

Help children approach routine life challenges with confidence (doctor and dentist visits, travel, overnights, parent travel)



Effective, Ongoing Support Can:

- Help children more independently manage and control their own regulation, anxiety and fears.
- Free up more time at home and at school for teaching other critical skills
- Increase quality of life for children with ASD and their families.
- Prepare children for a variety of less predictable environments.
- Improve relationships with family, friends and teachers.



Treatment Options

There are treatments and combinations of treatments that have been shown to be very effective in helping people with autism manage anxiety, including:

- Applied Behaviour Analysis
- Psychotherapy, including Cognitive Behaviour Therapy
- Medication
- Alternative Supportive Therapies

www.adaa.org/finding-help/treatment/therapy



A Shared Goal

- Most therapies, including those for anxiety, share overlapping goals, such as increasing adaptive function and quality of life.
- All anxiety therapies share a critical central focus on: *Reducing avoidance*



The Cost of Avoidance

- Avoidance of discomfort takes precedence over meaningful activities and enjoyment.
- As uncomfortable as the sensations of panic, fear and anxiety can be for many people, the real damage to our development, our relationships and our quality of life comes from avoidance.



The Cost of Avoidance

- Addictions (drugs, alcohol, computers)
- Isolation
- Increasingly restrictive environments
- Pressure on loved ones to adapt to fears
- Financial costs (e.g. sedation for a routine dental procedure)
- Loss of educational, vocational and social opportunities



Practice: Key Techniques from Cognitive Behaviour Therapy (CBT)

- One of the aims of CBT is to give children a toolbox for confronting and overcoming anxiety.
- Some techniques are shared by CBT and ABA (including Dialectical Behaviour Therapy (DBT) and Acceptance and Commitment Therapy (ACT)).



Practice: Key Techniques from Cognitive Behaviour Therapy (CBT)

Let's try out a few skills from the CBT toolbox.

- Relaxation skills (breathing & systematic tensing and/or relaxation of muscles).
- Using guided imagery to visualize anxious thoughts getting smaller.
- Evoking competing emotions, such as enjoyment and humor.
- Identifying worries and positive self-talk alternatives.
- Developing and using personalized coping skills.



Breathing



Muscle Relaxation



Guided Imagery



Competing Emotions



Positive Self-talk



Personalized Coping Skills



Practice: Some Behaviour Techniques

Although CBT and behavioural therapies share many techniques, one difference is the emphasis on expressive language and verbal repertoires as a means of controlling anxiety in CBT.



Practice: Some Behaviour Techniques

The following behavioural interventions may include verbal (rule governed) elements, but they do not require them (shaping).

- Antecedent interventions (altering the environment to reduce stress; mood induction).
- Exposure techniques (such as systematic desensitization and flooding).
- Shaping alternative adaptive and regulation repertoires.



Recognize the Signs

Many parents and teachers report that a child had a meltdown “out of the blue.” Some meltdowns are the result of observable events, but many are the result of overwhelming anxiety. By recognizing early signs, we can help children use strategies sooner and reduce discomfort and acting out behaviours.



Recognize the Signs

- A fixed stare
- Tensing of the body and/or facial muscles
- Significant increase in repetitive movements (pacing, shaking, rocking)
- Asking repetitive questions
- Marked increase in need for reassurance
- Increase in echolalia, particularly in repetitive negative statements or emotionally charged fragments from movies or past conversations (scripting)
- Reduction in eye contact and joint attention
- Physical withdrawal, darting, and eloping.



Rude, Defiant, Imperious!

It's sometimes hardest to see increasing anxiety and intervene effectively when our own anxiety is triggered, especially publicly, by behaviours that are often classified as rude, defiant, and even imperious.

Sudden rigidities, such as the need for a perfect outfit, can quickly derail the average family's busy morning routine. High-functioning, verbal children who make these demands at school and in the community can seem spoiled, privileged, selfish, or even tyrannical.



Rude or Scared?



Antecedent Intervention



Antecedent Intervention: Solving Problems Before They Start

One of the most effective ways to prevent serious disruptions is to look closely at a child's triggers and remove them from the environment.



WAIT!!

Isn't that just making things worse?



Not always....

- Work on one problem at a time; reduce triggers for the other problems.
- Ask: Is the situation part of a planned exposure?
- If not, it may be better to remove the trigger than to risk increasing avoidance.
- Is this the right place and time to teach?



Redirecting in Early Stages

- Use coping cards
- Engage in more appropriate calming routines
- Ask an adult for help
- Use positive self-talk
- Recall past successes



Identifying Triggers

- Another child becomes disregulated
- Crowding and noise
- A child's sense of space is violated
- Teasing or bullying
- Removal of materials
- Task too hard
- "Hot" items
- Idiosyncratic fears or preferences
- Biological factors



Anxiety Attack

- Stay calm and compassionate. You are in charge!
- Reduce task demand.
- Eliminate questions and reduce talking to a minimum.
- Remove aversive stimuli, if possible.
- Establish a nonverbal way for a child to request a break or access to a quieter situation.
- Establish a nonverbal way to signal a child to take a break or begin a regulating activity.



Anxiety Triggers

- A change in routine
- Loss of a preferred teacher
- Loss of a friendship
- Natural transitions
- Change in home situation
- Accidents and surprising events
- Social, communicative and other failures
- Medical and dental visits



Lowering the Set Point

- Daily physical exercise
- Intersperse activities (easy-hard, calming-more exciting, verbal-non verbal, independent-solo)
- Lots of ways to be right
- Lots of choices
- Lots of ways to access approval, fun, success, and preferred items



Systematic Desensitization



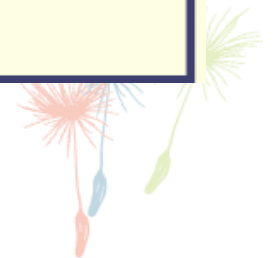
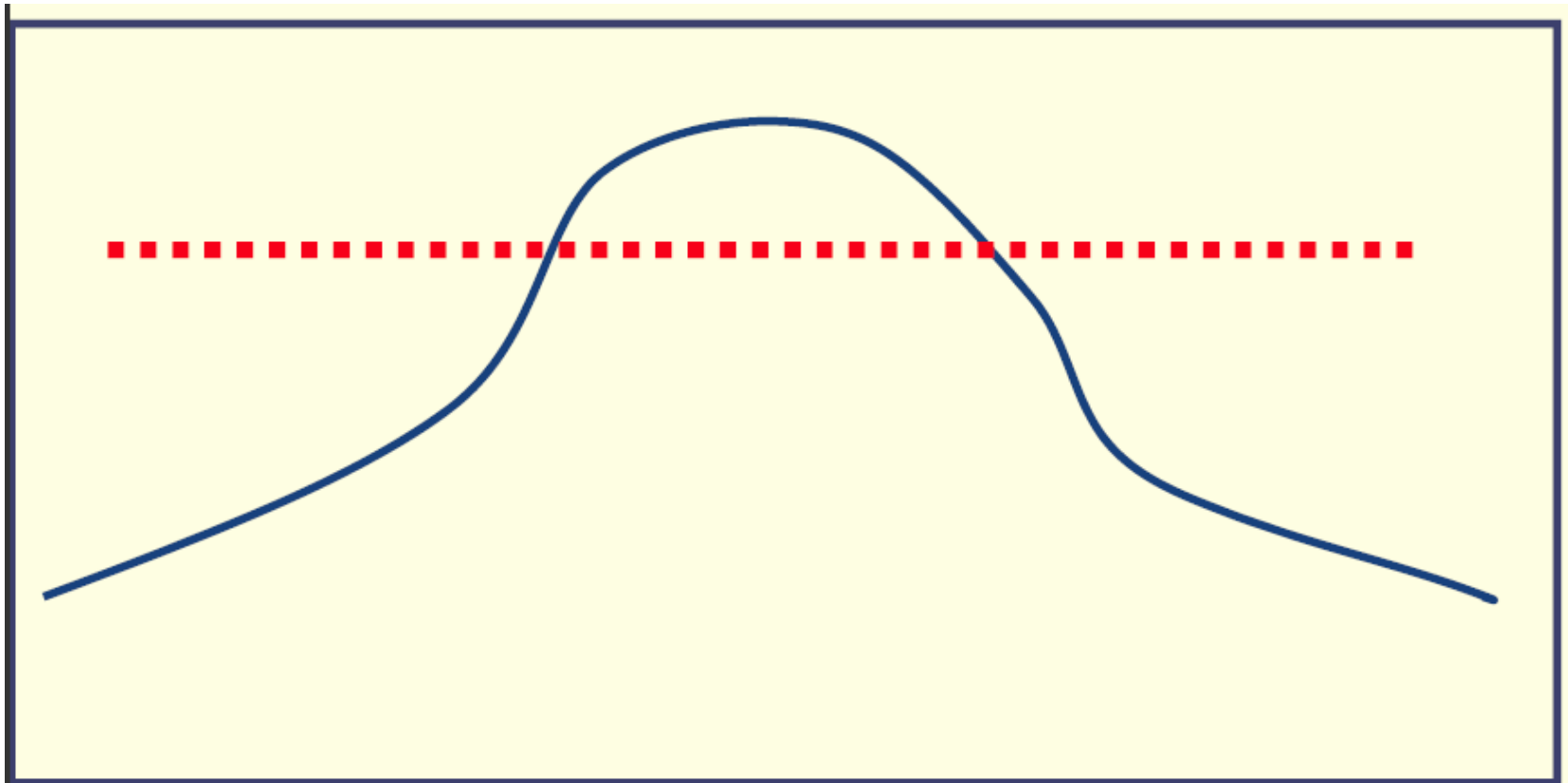
Exposure

Altering the antecedent situation gives us time to work on triggers, because:

- Children experience anxiety without being completely overmatched
- Generalization (spreading of phobic responses) is prevented
- Children remain in an environment where their ongoing exposure to a variety of triggers is possible



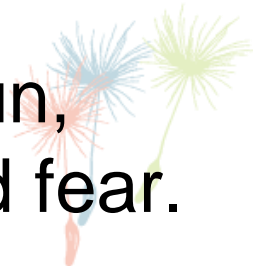
Effective Exposure vs. Avoidance



Using Play and Leisure to Reduce Social Anxiety

Play and leisure activities constitute ideal environments for integrating anxiety reduction strategies, such as exposure, systematic desensitization and CBT

- Reducing social anxiety and increasing social skill address the core deficits of ASD.
- When possible, it is best to treat anxiety in the situation where it occurs (generalization and reduced rebound).
- When adults adopt attitudes of play and fun, they usually stop the signaling anxiety and fear.



Play is Practice

- There are many theories about the function of play and its importance in child development.
- Psychologists have posited that play helps children learn language and social skills, problem solving, and motor planning & coordination.
- In play, the signals we give to children (laughing, smiling, exaggerated expressions, changes in prosody and vocal tone) signal safety.
- We rarely engage in play behaviours in the face of genuine threats.



Why is Play Important?

Ethologists have found that juveniles in many different species engage in play, including most mammals. They identify two possible functions of this play.

- One is motor training. Through play, juveniles practice adult behaviours, such as stalking, pouncing, or chasing for a young predator.
- The second is changes in anatomy. Studies suggest that the frequency of play can affect age-related changes in the anatomy of the cerebellum (Byers and Walker, 1995).



Why is Play Important?

- In the context of working with anxiety, a very important function of play has been labeled "Training for the Unexpected."
- Repeated unpredictable loss of control increases resilience and is correlated with strength of social skills in later life. (Pellis & Pellis 1998)
- While playing, children build confidence and competence in skills valued by their peers.



Understanding Different Types of Play

Better understanding the different kinds of play makes it easier to use play as a framework for anxiety reduction.

- Physical Activity Play
 - Rhythmic Stereotypies
 - Exercise Play, including Rough & Tumble
- Functional Play (Play with Objects)
- Symbolic Play (Pretend Play)

Each type of play can be solitary or social. Much of naturally occurring play contains elements of all three types of play.



More than Social Competency

Because most types of play can be social or solitary, play activities can fulfill multiple functions:

- Increase:
 - Exposure to peers in a motivating situation
 - Regulation after a demanding event
 - Generalization of self-regulation strategies to real life events
 - Compliance with reasonable adult directions
- Improve and repair parent/child relationships



Stages of Play

- There are many systems for labeling the stages of play, and some types of play are not observed before children reach a specific age. For example, exercise play typically begins at around one year because it requires locomotion.
- While it can be useful to understand and recognize different stages, a specific age rubric should not be rigidly applied, especially to children with ASD. Most children add new play repertoires without leaving the activities of earlier stages of play behind.



Stages of Play

Knowing something about the stages of play can help us choose goals for enlarging children's play. Consider the following sequence of toddler play:

- **Stage 1:** Rudy picks up a spoon, looks at it, puts in his mouth, bangs it on the floor, and drops it.
- **Stage 2:** Rudy picks up the spoon and pretends to eat.
- **Stage 3:** Rudy uses the spoon to feed a doll.
- **Stage 4:** Rudy mixes up some pretend food in a pan with the spoon. He uses the spoon to scoop some pretend food into a dish. He then proceeds to eat, using the same spoon.
- **Stage 5:** Rudy goes to the shelf. He takes a plate, cup, and saucer and carefully places them on the table. He returns to the shelf and gets a spoon, knife and fork with which he completes the place setting. His mother sits at the table. Rudy says. 'Soup, mom'. He feeds her with the spoon.

(Nicolich 1977)



A Playful Attitude

- Keeping a playful attitude is critical for lowering anxiety.
- The goal is to get and keep children playing as a voluntary, enjoyable activity (increasing social exposure).



Teaching Play

To use play effectively, you have to know how to play.

- Use games to teach physical activity, functional and symbolic play.
- Adopt a playful attitude.
- Match reinforcement to the skill being taught.
- Always have at least one peer when teaching social play.
- Teach on the edge of children's abilities.



Why Use Games?

- The shorter durations, safer settings, artificial conflicts, and simulated situations that characterize game play present ideal opportunities for systematic desensitization, exposure and practice.



What Makes Something a Game?

- Artificial conflict/Simulated situation
- Undertaken for enjoyment
- Defined by rules
- Leads to achievement or quantifiable result



What's My Role?

- Peer/Playmate
- Teacher/Coach
- Silent invisible helper

Be prepared to change it often.



What Makes Play Play?

Not dependent on materials, activities or contexts involved, but rather the attitude of the player

- Internally motivated, voluntary
- Attention to process over the end product
- Flexible and spontaneous
- Involves at least some freedom from constraints of reality
- Pleasurable & safe
- Engaging
- Locus of control is in the player(s)



Physical Activity Play



Why Is Physical Activity Play So Important?

- Makes up a large proportion of young children's play from ages 1 to 10
- Key for motor development and feelings of physical well-being
- Needs to be ongoing to match the child's growth
- Rough & tumble play is inherently social and is play that children with ASD often enjoy



Functional Play

- Manipulating objects
- Should be independent
- Can be done alone or with others



Rules for Teaching Behaviours we Want to be Independent

- Avoid making eye contact
- Do not give explicit verbal directions
- Never touch the materials yourself
- Stay out the child's visual field



Graduated Guidance

- Teaching things the way you would do them yourself
- Teach both dominant and helping hands
- Level of prompting changes within session depending on child's responses
- Use a teaching touch
- Make sure there are interesting things to learn



Environmental Engineering

- Exciting materials
- Clear and “luscious” visual supports
- Physical accommodations (gravity, midline, secure sitting or standing position, fit)



Teaching Riding a Trike/Bike

- Shape position (hands and feet)
- Practice on a gentle downhill slope
- Use a bike or trike that has direct drive
- Access natural reinforcement as quickly as possible



Visual Schedules To Reduce Anxiety

- What do I do when I have nothing to do?
- I need my parents in order to play.
- How do I fill my down time?
- I want to do things by myself, but how?
- How do I know what's going to happen next?



Putting It All Together



Symbolic Play

- Start with realistic satisfying objects
- Create scenarios that map onto the child's actual experiences
- Make use of preferred items, themes, and other reinforcing elements, such as repetition and reciprocal imitation
- Can be non verbal or contain a very limited number of verbal responses



Practice

Invent a play sequence that utilizes a toy and has the characteristics of a game.

- Artificial conflict/Simulated situation
- Undertaken for enjoyment
- Defined by rules
- Leads to achievement or quantifiable result



Medication

Longer term anxiety disorders, including social anxiety disorder, generalized anxiety disorder, and obsessive compulsive disorder, are often treated with medication or a combination of medication and therapy.

Medications used to treat anxiety disorder include:

- Antidepressants (SSRIs such as Prozac, and SNRIs, such as Effexor)
- Anti-anxiety medication (Buspirone)
- Benzodiazepines (Xanax, Valium, Atavan)
- Typical and atypical antipsychotics (Neuroleptics, such as Haloperidol, Risperidone (Risperdal), Quetiapine (Seroquel), Aripiprazole (Abilify), Ziprasidone (Geodon))

We see the children repeat in their play everything that has made a great (also passive) impression on them in actual life, that they thereby abreact the strength of the impression and, so to speak, make themselves masters of the situation.

Sigmund Freud
Beyond the Pleasure Principle, 1922

