



Adapting treatment for anxiety in people with an Autism Spectrum Condition (ASC)



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Presentation Content

2:00 pm - Introduction – Steve - (45 minutes)

2:45 pm - Stretch Break - (5 minutes)

2:50 pm - Adaptations to clinical practice / ASC's in Children – Ramona (50 minutes)

3:40 pm - Break (15 minutes)

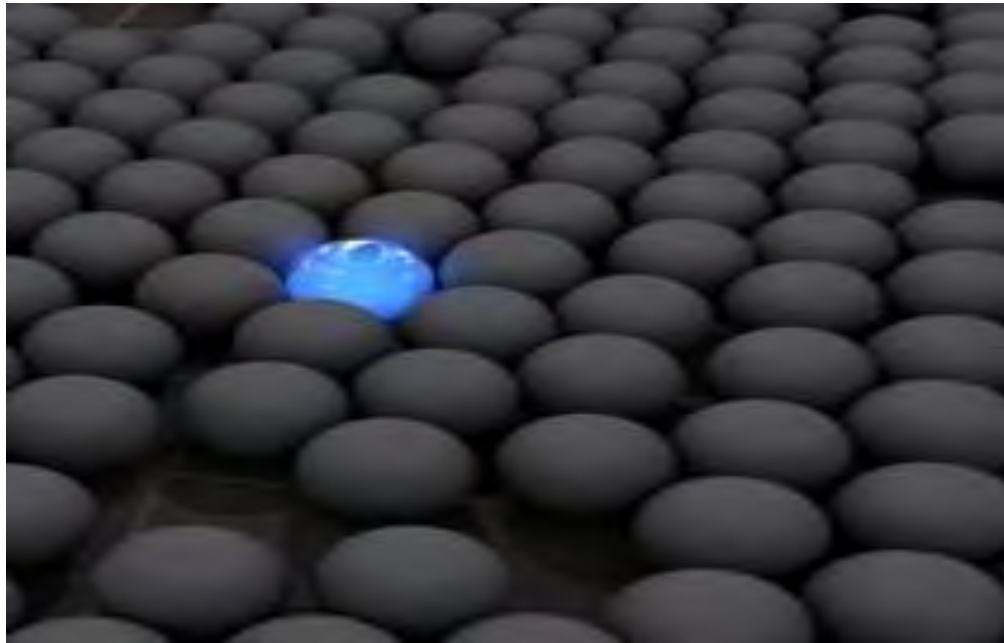
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Steve & Ramona (50 minutes)

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4:50 pm - Q&A – Steve & Ramona (10 Minutes)



Introduction to Autism Spectrum Conditions (ASCs)



DSM V: Autism Spectrum Disorder

- A. Persistent deficits in social communication and social interaction, including:
- Deficits in social-emotional reciprocity.
 - Deficits in nonverbal communication.
 - Deficits in developing, maintaining and understanding relationships.



DSM V: Autism Spectrum Disorder

- B. Restricted, repetitive patterns of behaviour, interests or activities, as manifested by:
- Stereotyped or repetitive motor movements, use of objects, or speech.
 - Insistence on sameness, inflexibility to change in routine
 - Highly restricted, fixated interests.
 - Hyper- or hyporeactivity to sensory input or unusual interest in sensory aspects of the environment



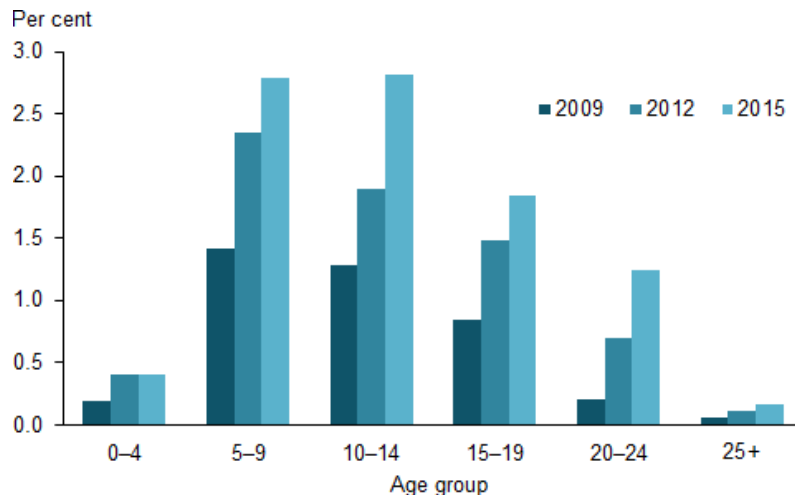
DSM-V Autism Spectrum Levels of Severity

<u>Severity Level</u>	<u>Social Communication</u>	<u>Restricted Interests and repetitive behaviours</u>
Level 1: Requiring Support	Without support, some significant deficits in social communication	Significant interference in at least one context
Level 2: Requires Substantial Support	Marked deficits with limited initiations and reduced or atypical responses	Obvious to the casual observer and occur across contexts
Level 3: Requires Very Substantial Support	Minimal social communication	Marked interference in daily life



Prevalence

- US Centers for Disease Control and Prevention reports 1 in 68 children have an identified ASD (Christensen et al., 2016)
- Australian Bureau of Statistics reports that Autism has a prevalence rate of 0.7% or about 1 in 150 people (ABS, 2016)
- Individuals with Autism represented 13% of National Disability Agreement (NDA) users in 2016 (AIHW, 2016)



Prevalence of autism by age group, 2009, 2012 and 2015 (ABS, 2016)



Increase in Children Diagnosed with ASD

- More young children being diagnosed in Australia (Randall et al., 2016)
- A California study suggests this explains 12% of the increase (Hertz-Picciotto & Delwiche, 2009)
- Inclusion of milder cases explains 56% of the increase (Hertz-Picciotto and Delwiche, 2009)
- Fewer children diagnosed with mental retardation accounts for 26% of the increase (King and Bearman. 2011; Nassar et al., 2009)
- *About 5-10% remains unexplained*



Comorbidity

- People with ASCs tend to experience higher rates of a range of mental health conditions
- Depression and anxiety are most common amongst children on the Autism spectrum (Bitsika & Sharpley, 2015)
- Between 30-50% of individuals with ASD manifest ADHD symptoms (Leitner, 2014)
- Similarly 2/3 of individuals with ADHD show features of ASD (Leitner, 2014)
- Other common mental health conditions include disorders in eating, sleeping, toileting, oppositional defiance, obsessive compulsion (OCD) and substance use/abuse; repetitive and avoidant behaviours; psychosis; and bipolar disorder.



Anxiety

- Anxiety is very prevalent in children on the spectrum, with approx. half of them meeting criteria for an anxiety disorder (estimates ranging from 30–84%) (Ohan et al., 2016)
- 25-42% of ASD youth meet criteria for an anxiety disorder (Kerns & Kendall, 2013)
- Salazar et al. (2015) found in children aged 4-10 the most common comorbid disorders were: generalized anxiety disorder (66.5 %), specific phobias (52.7 %) and attention deficit hyperactivity disorder (59.1 %)



Gender Differences

- Ratio currently 4 to 4.5:1 (Werling, 2013; Christensen et al., 2016)
- Clinical presentation closer to 2-1
- Girls
 - More difficult to recognize
 - Adopting persona of others
 - Using intellectual skills
 - Special interests not so eccentric



Underlying Processes

Theory of Mind

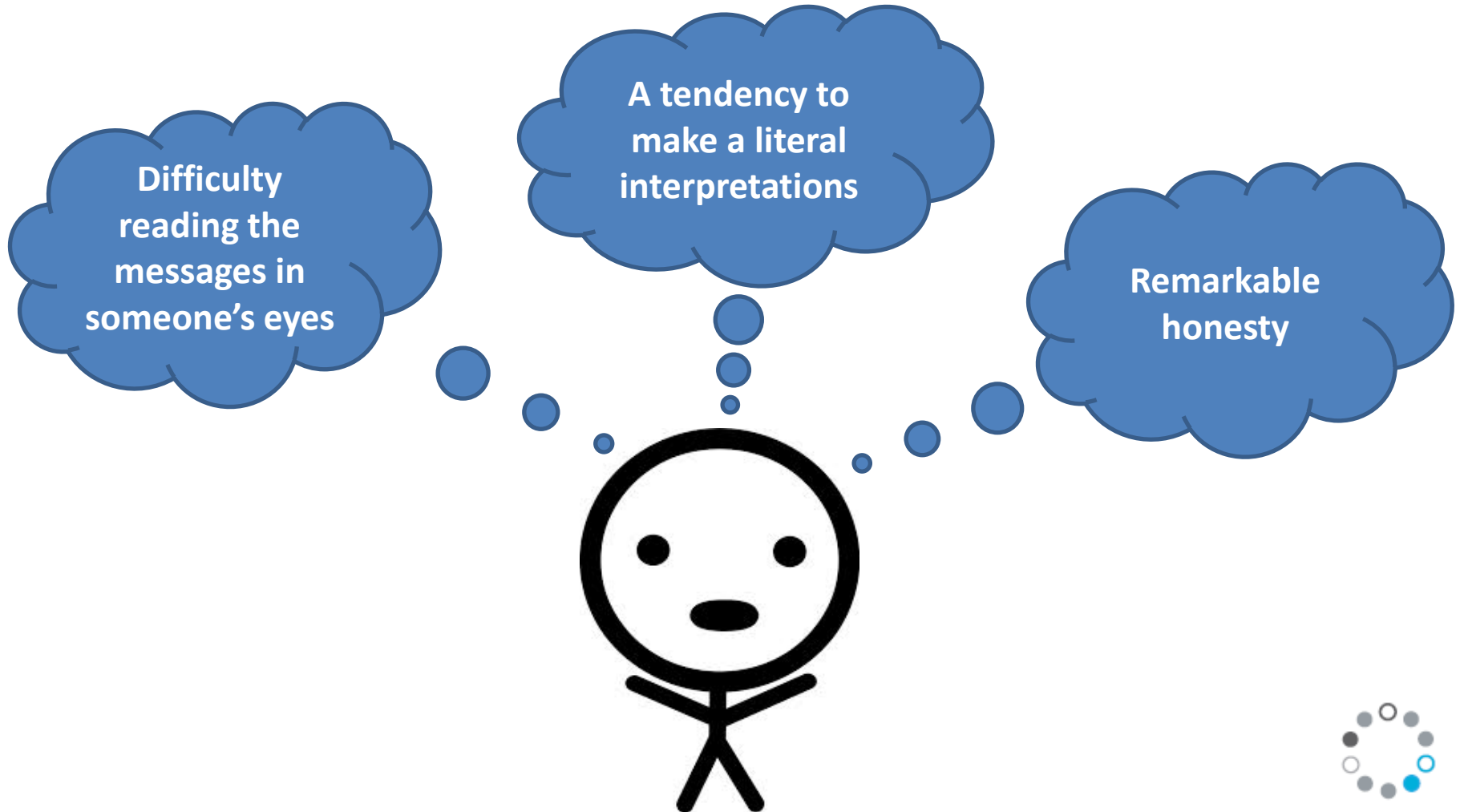
Central Coherence

Executive
Function



Sensory Processing

Effects of impaired theory of mind abilities in daily life



Executive Functions

Inhibition /
Impulse control

Working Memory

Emotion
Regulation

Generalisation

Motivation

Set shifting

Attention / Focus

Organisation & planning



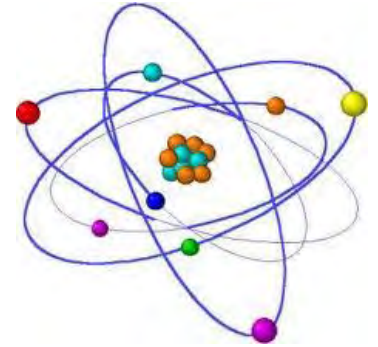
Weak Central Coherence

- Difficulty **identifying** the overall pattern or recognising the underlying rules
- **An** attention to detail – notice **intricate** details compared to others
- Difficulty knowing what is **relevant** or redundant
- Not recognizing the ‘bigger **picture**’ or context (looking through a tube)

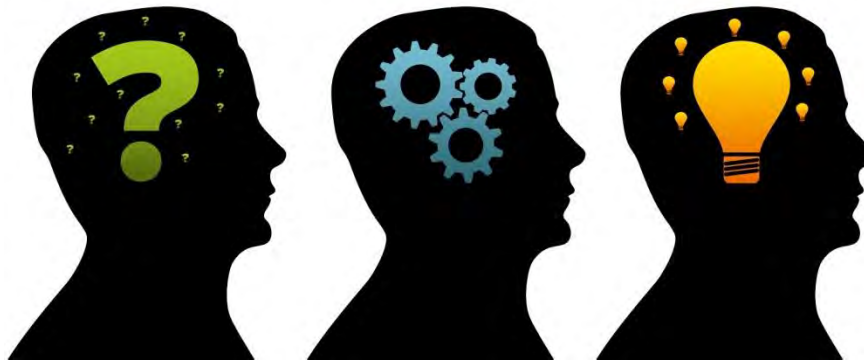


Language

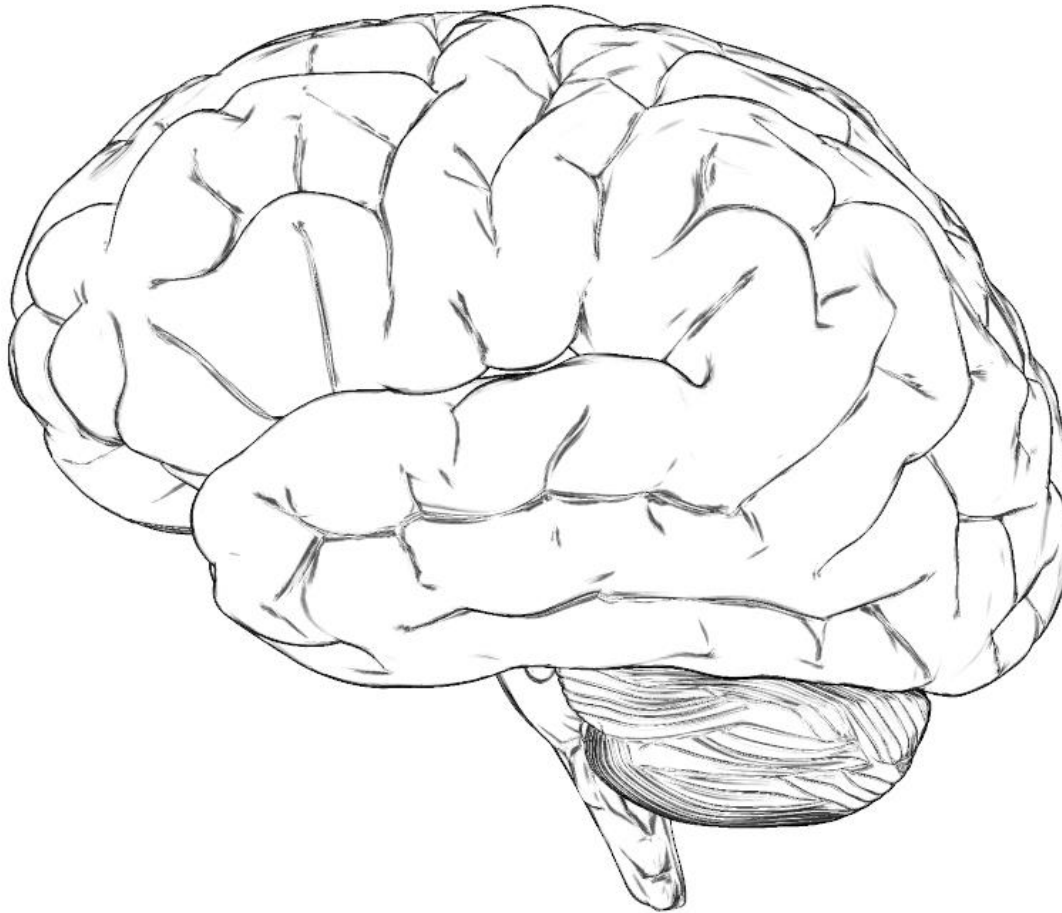




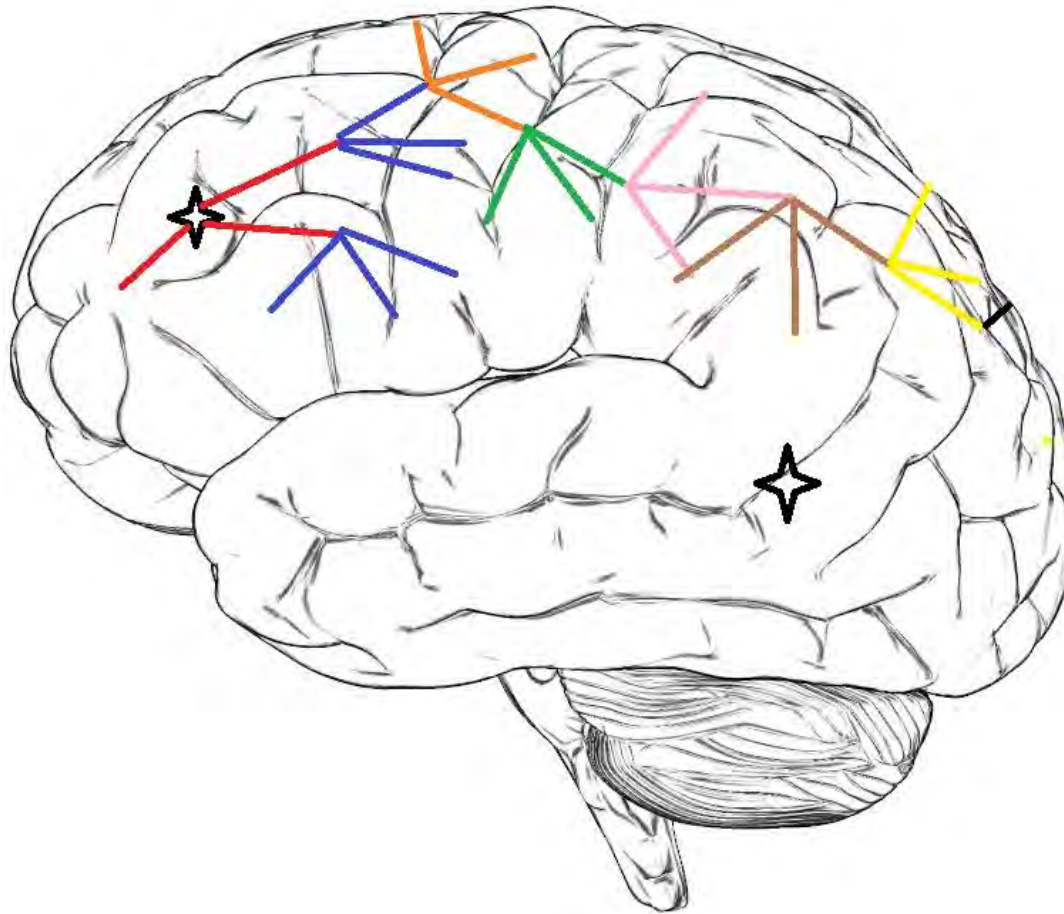
Learning Style



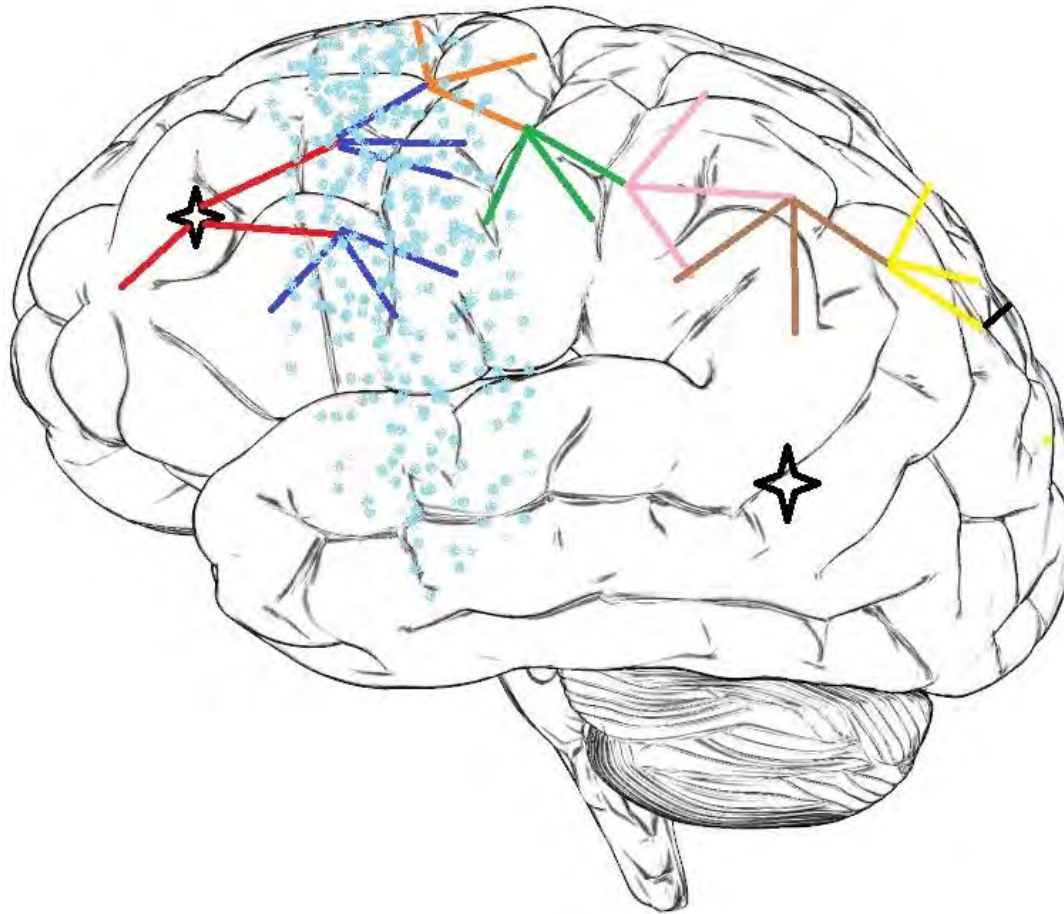
System Overload



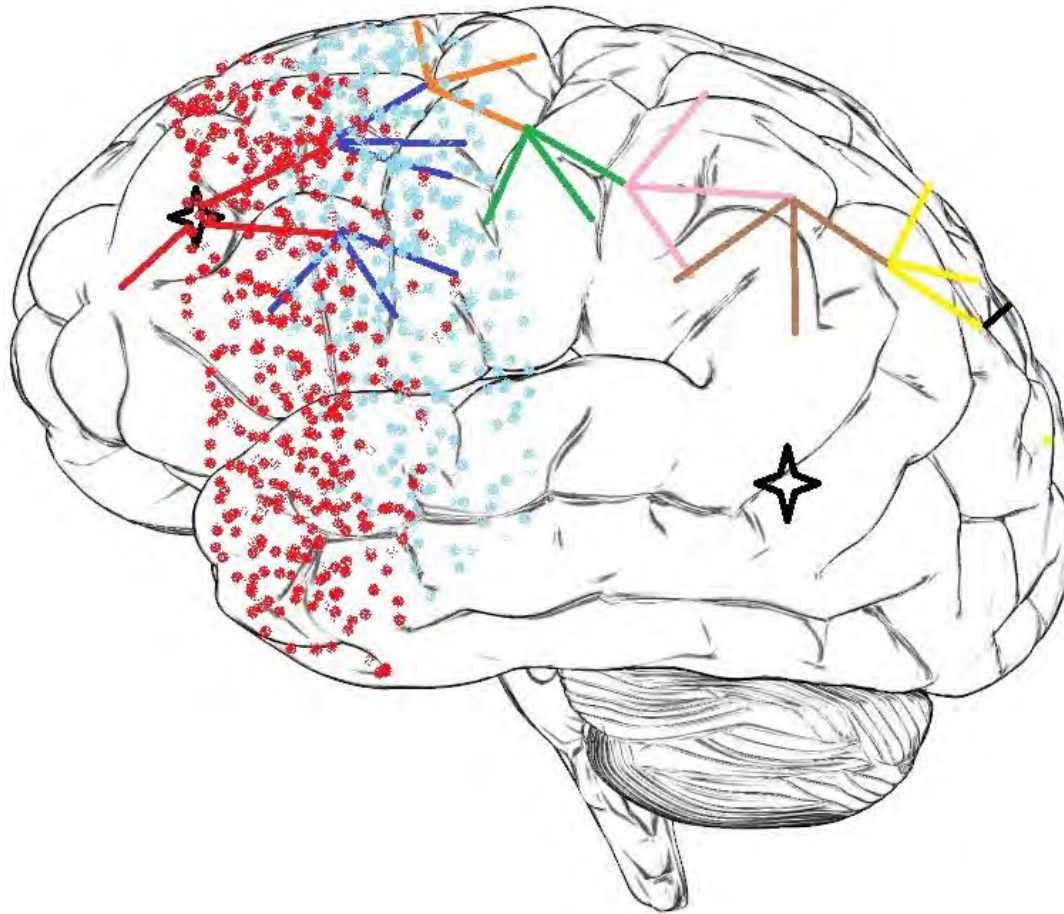
One Track



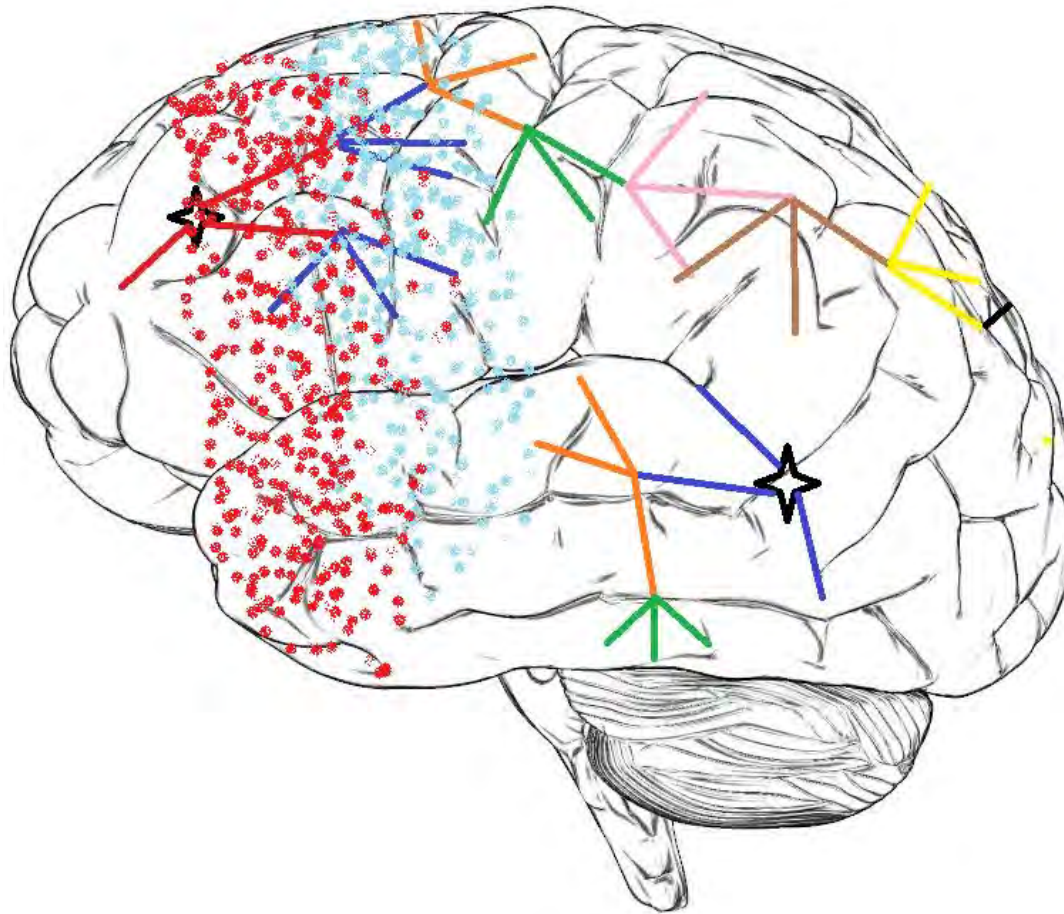
Social attention



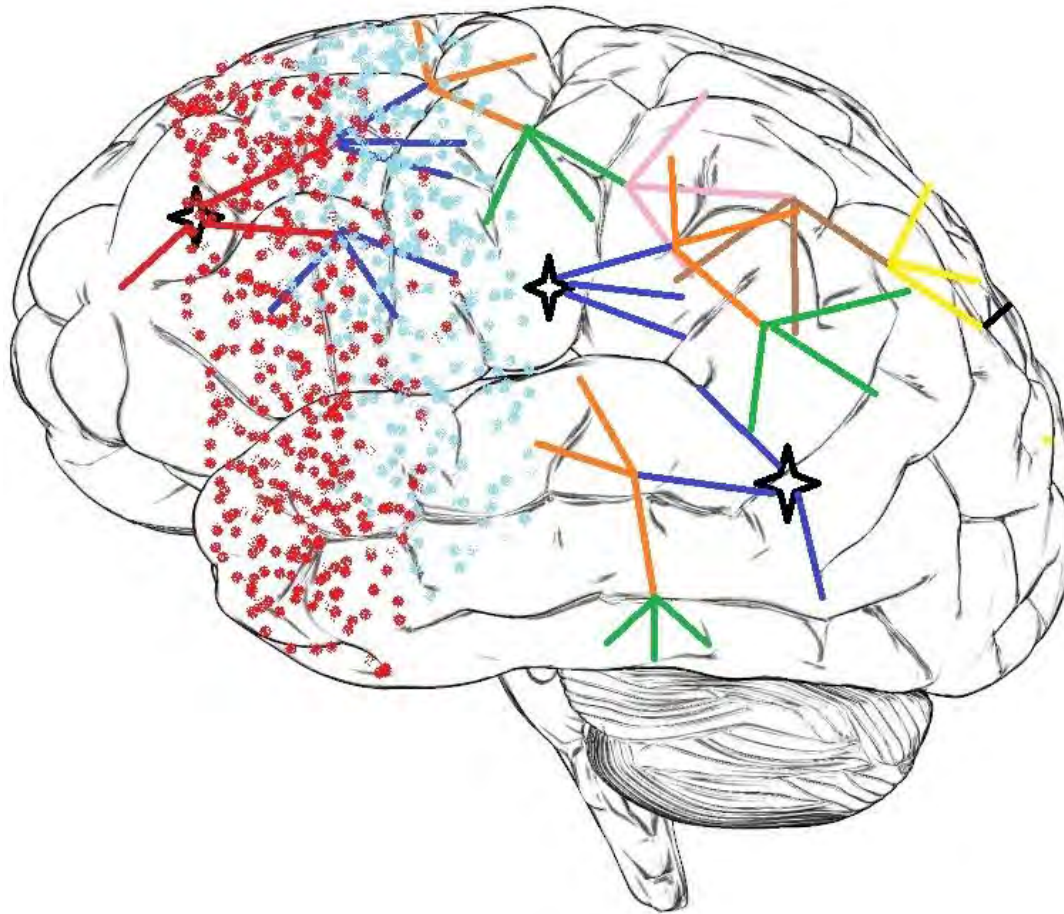
Emotion Up – Intelligence Down



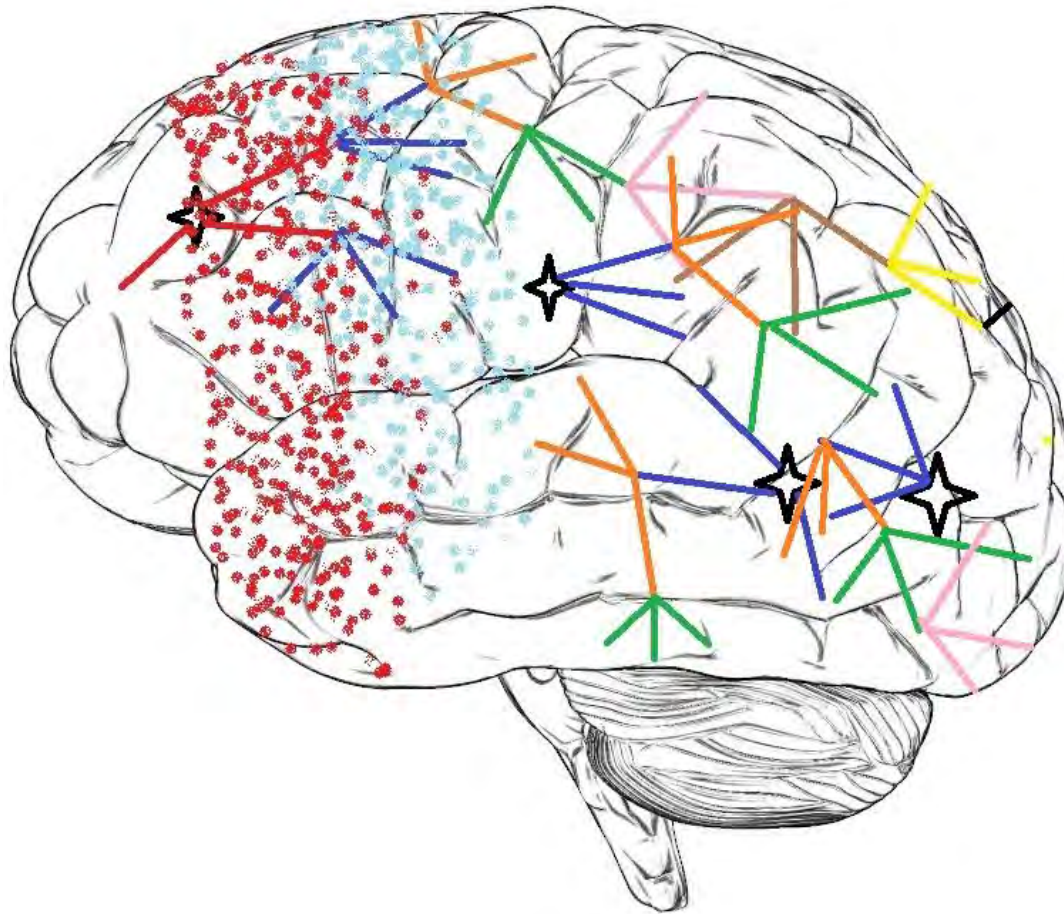
Add what you can see



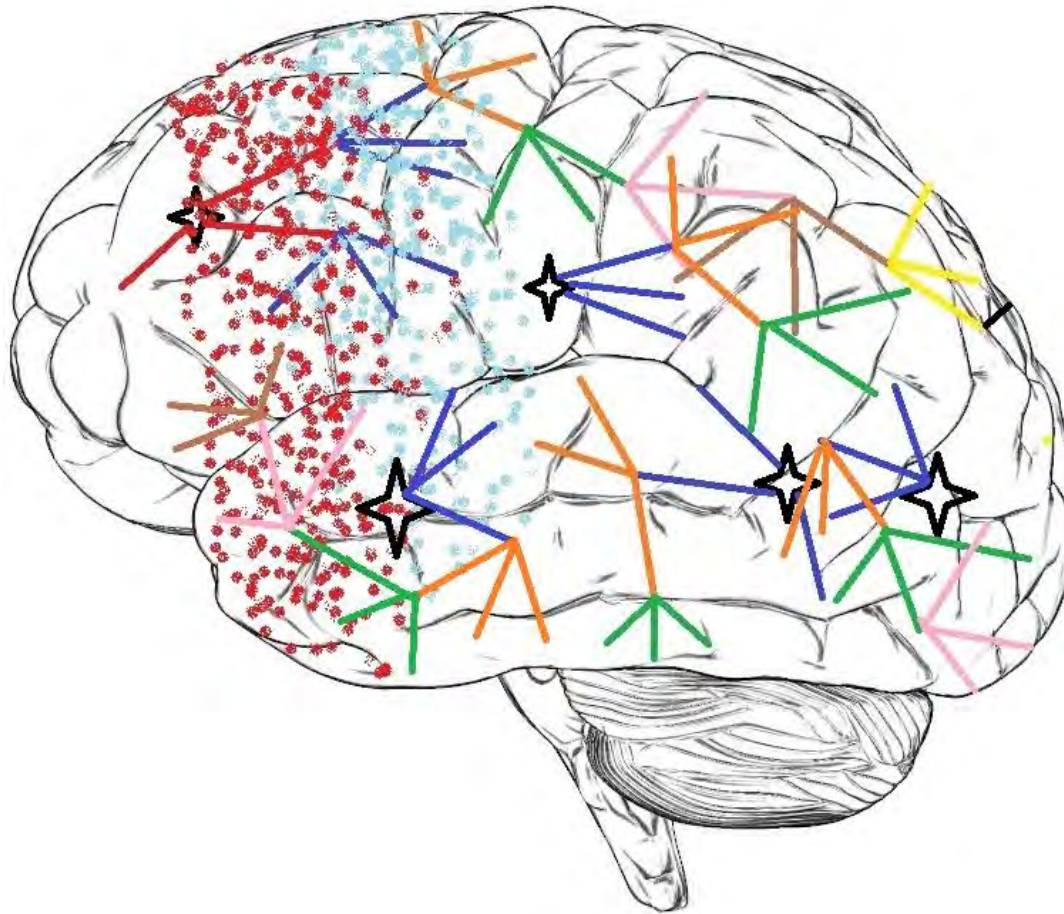
Now what you can smell



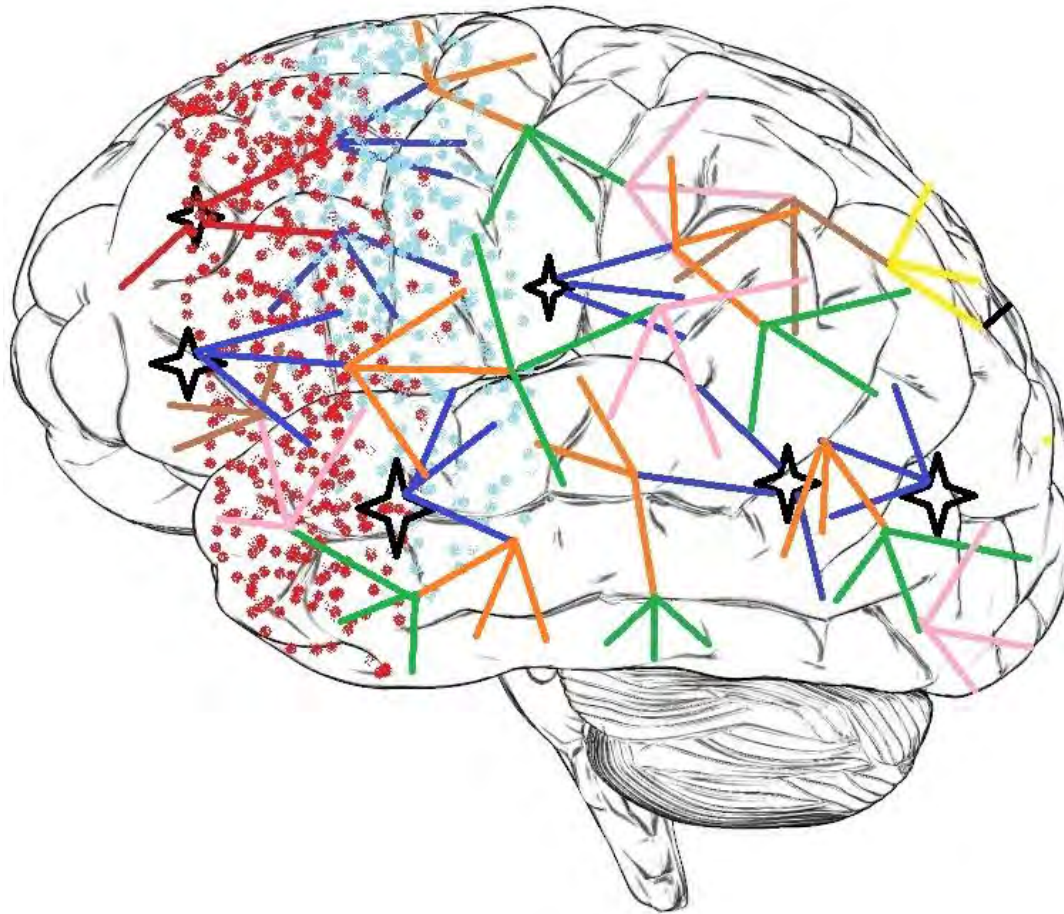
What about what you touch?



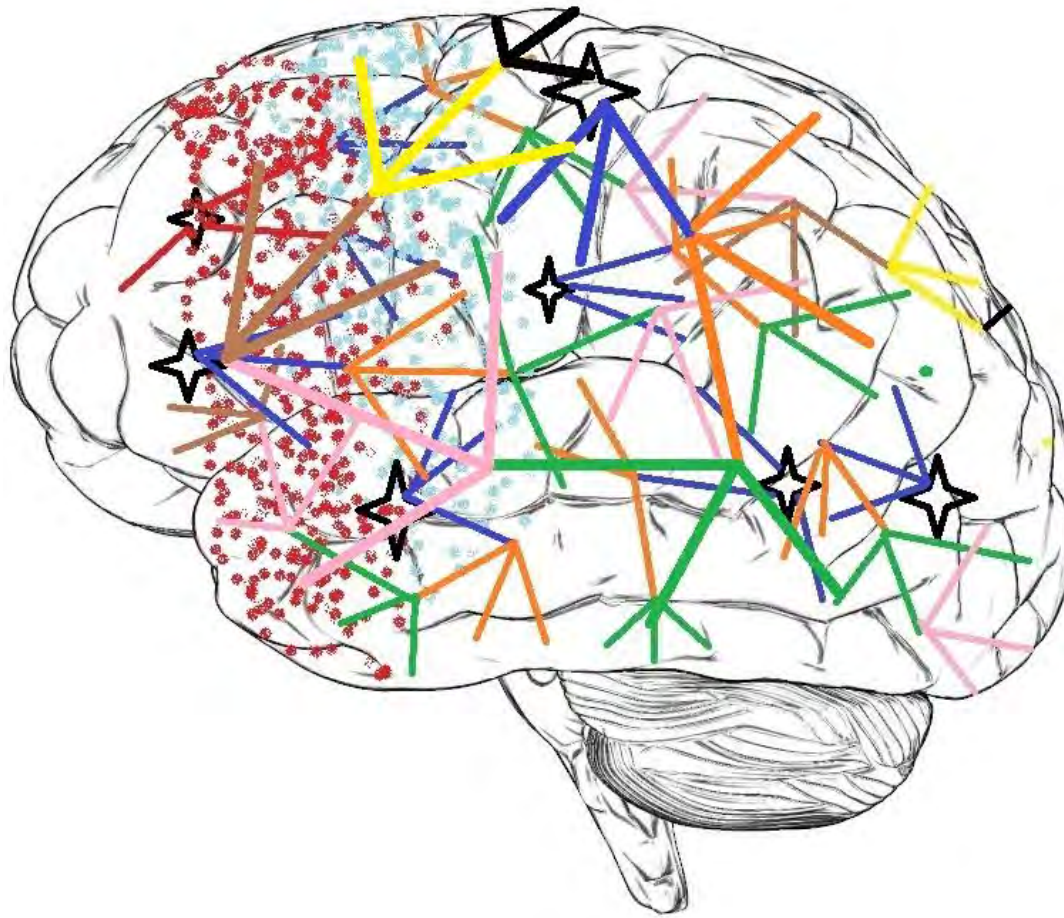
How about Taste?



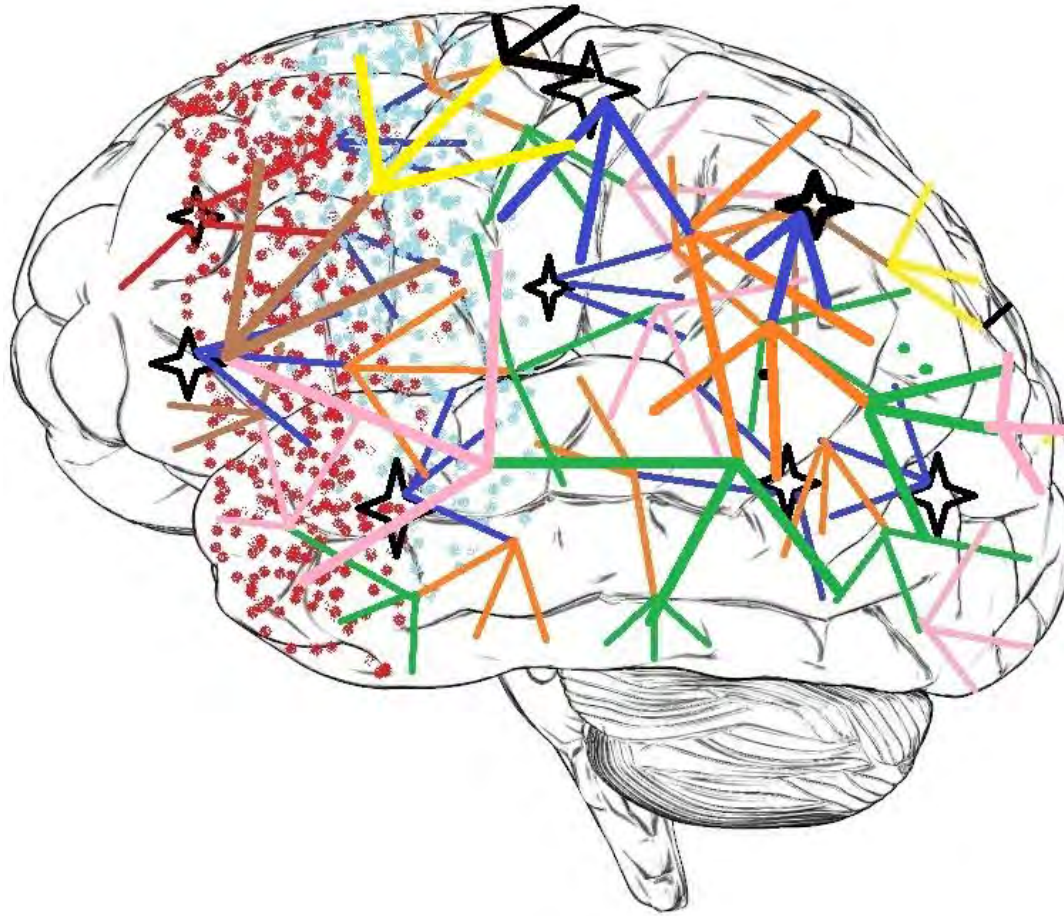
There's also body position



Lets add some movement



Oh yeah, there's what we hear too!



Sensory Sensitivity

A person with an ASC can have:

Sensory 'tune-outs'

Sensory

distortion
in



Hyper and

Both

Hyposensitivity
to sensory
experiences



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Stretch Break



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National Guidelines for Autism Diagnosis in Australia

- Currently, variations exist in the way autism is diagnosed by health professionals
- National guidelines not yet developed – project underway by Autism CRC in collaboration with NDIA
- Due for release in September 2017
- Specialised training required



The Assessment Process



Medical
Examination

Parent
Interview

Child
Observation
and
Interaction

Developmental,
Cognitive and
Language
Testing



Considerations

- Diagnosis is subjective – there are no biological markers
- Thus the ‘gold standard’ is clinician-assigned diagnosis, as provided by experienced clinicians (Volkmar et al. 2005)
- Multidisciplinary and multidimensional



Differential Diagnosis / Comorbidity



Excellent research articles

- Yirmiya, N & Charman, T. (2010). The prodrome of autism: early behavioural and biological signs, regression, peri- and post-natal development and genetics. *Journal of Child Psychology and Psychiatry*, 51(4), 432-58.
- Barbaro, J. & Dissanayake, C. (2012). Early markers of autism spectrum disorders in infants and toddlers prospectively identified in the Social Attention and Communication Study. *Autism*, 17(1), 64-86.



Assessment of Anxiety in Neurotypical Children

- Well established measures available
- Self/Parent/Teacher report. Some examples:

**Anxiety Disorders Interview Schedule for children for DSM-IV–
Child & Parent versions** (ADIS-C/P; Silverman and Albano, 1996)

Child Behavior Checklist (CBCL; Achenbach and Rescorla, 2001)

Revised Children’s Manifest Anxiety Scale, Second edition
(RCMAS-2; Reynolds and Richmond, 2008)

Spence Children’s Anxiety Scale (SCAS; Spence, 1998)

Assessment of Anxiety in Young People with ASCs

- Challenges due to inherent ASC difficulties
- High parent-child disagreement - especially so in ASD population (e.g. Bitsika and Sharpley, 2015)
- Reliance on ratings of the child's internal experiences
e.g. My child worries that s/he will do badly at school
- Greater parent-child agreement possible when questions focus on clearly observable behaviours (e.g. Ooi, Weng et al. 2016)



Preliminary evidence for current measures

- Preliminary support for some parent report anxiety or anxiety-related measures used with children/adolescents on the autism spectrum:

Anxiety Disorders Interview Schedule – Autism Addendum (ADIS/ASA; Kerns et al., 2016)

Revised Children's Anxiety and Depression Scale (RCADS; Sterling, Renno et al., 2015)

Child Behaviour Checklist (CBCL 6–18; Pandolfi, Magyar et al., 2014)

Spence Children's Anxiety Scale – Parent Form (e.g. SCAS-P; Zainal, Magiati et al., 2014)

Current Measures

- Limitations: limited to adolescents and/or relatively small sample sizes
- Development of improved measures currently underway



Questions



Types of Interventions



Educational

Therapy-based

Behavioural

Family-based

Combined

Other

<http://raisingchildren.net.au/>



Intensity of Early Intervention

20 hrs/week for at least 1 year

(Roberts & Williams, 2016)

May include:

- Applied Behaviour Analysis (ABA) intervention
- Speech therapy
- Occupational therapy
- Psychology
- 1:1 play with child
- Preschool



Evidence Based Interventions for Children with ASCs

CBT

- Effective and treatment gains maintained
- Adaptations to traditional CBT approach
- Cognitive vs. Behavioural components
- Limitations – research generally conducted with students with HFA

ACT

- Pilot Study – promising results
- More research needed



Process Considerations

- Communication
- Rapport
- Environmental rearrangement
- Compliance
- Systematic Thinking
- Sensory





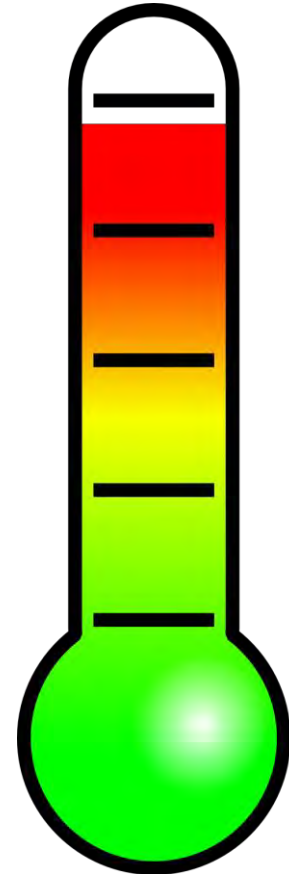
Areas of Intervention

- Emotional education, communication and management
- Social & Play skills
- Executive Functioning
- Perspective taking & rigidity in thinking
- Fear of mistakes and perfectionism
- Self-esteem & self-concept
- Bullying



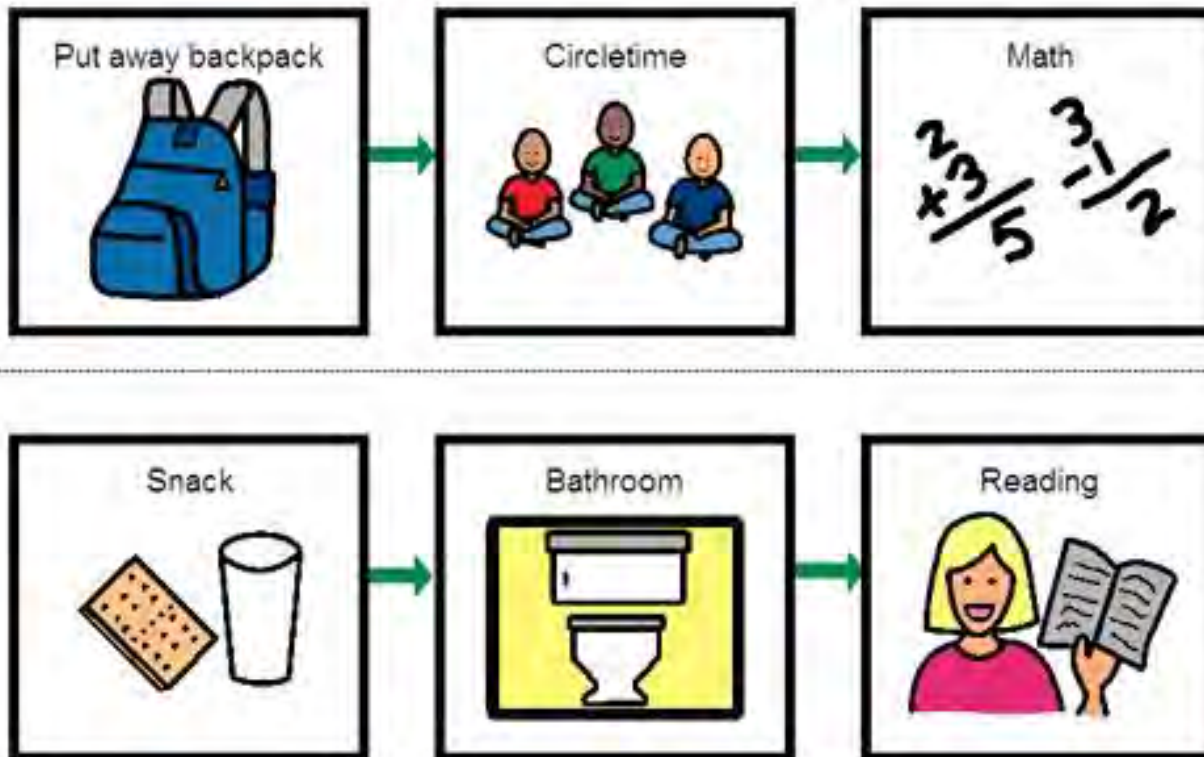
Strategies

- Acquire an alternative means of communication using actions, gestures, vocalizations and speech
- Use the behaviour as an early warning system of agitation
- ‘Thermometer’
- Special Interest
- Flexibility
- Visual Supports



Example Visual Schedule

Morning Schedule

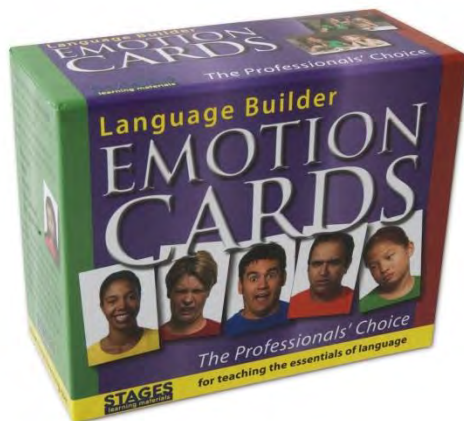




Basic Emotional Education

- Spend more time on basic emotions
- First step is recognising emotions in others

Eggspressions Wooden Learning
Toy | Scrambled Feelings
Hape Toys



Language Builder Emotion Cards
Stages Learning





Basic Emotional Education

- Visual, fun and interactive materials

Feelings in a Jar
Free Spirit Publishing



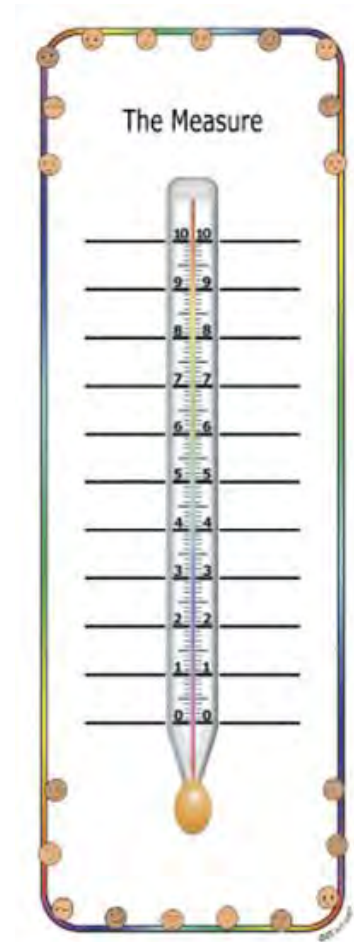
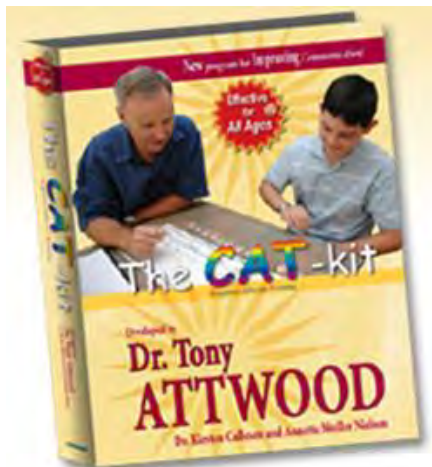
Mind Reading – Interactive Guide to Emotions
Jessica Kingsley Publishers





Basic Emotional Education

- Different levels of the feeling
- The Cognitive Affective Training (CAT kit) Jessica Kinsley Publishers

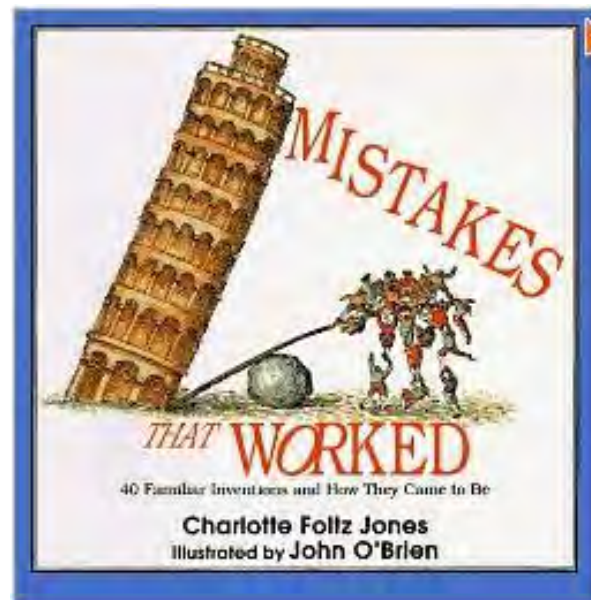


Coping with Mistakes



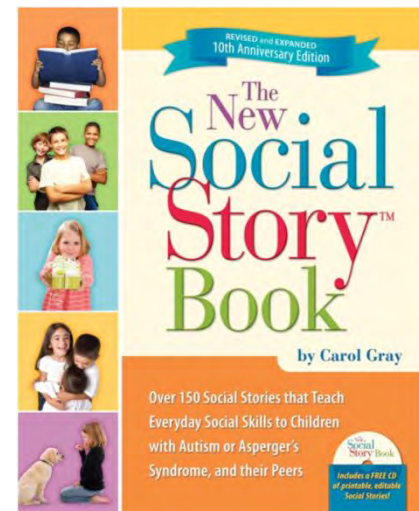
Mistakes that Worked

by Charlotte Jones (1991), Delacorte Press



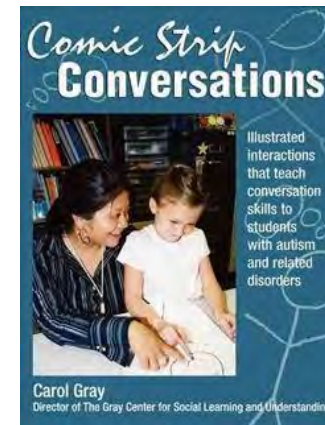
Social Stories

- Help children to learn socially & emotionally appropriate behaviour in different situations
- Visual way of conveying social information children on the autism spectrum may be missing
- The New Social Story Book by Carol Gray, Future Horizons



Comic Strip Conversations

- Comic Strip Conversations by Carol Gray, Future Horizons
- Example



Emotion Based & Social Skills Programs

- Cool Kids ASD – Macquarie University
- Emotion-Based Social Skills Training (EBSST) – Children's Hospital at Westmead
- Secret Agent Society Program (SAS) – Dr Renae Beaumont



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Break



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