High Functioning Autism and Co-Morbid Anxiety: How to Help Students in Your Schools and Classrooms

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EVERYTHING YOU WANTED TO KNOW ABOUT PHOBIAS*
* BUT WE'RE AFRAID TO ASK!
Autism Spectrum Disorder

- Common to have repetitive, ritualistic behaviors
- Stereotypical and restricted range of interests
- Parallel conversations with peers
- May find an interested adult to listen for hours to circumscribed interest
- Self-stimulatory behaviors: flapping, jumping, rocking, touching, eye gazing

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Is it another diagnosis or part of the Autism Spectrum?

- Nature and Severity of symptoms important
- Does child really have ability to have obsessive thoughts
- Rarely presented as one or even two disorders
- Medical professional involved
- Treatment important regardless
Challenges to Diagnosis and Treatment

- Treatment usually initiated by parents
- Children commonly less motivated than parents and unaware that there is a problem
- Insight, abstract reasoning, and inferential thinking commonly deficient
- Typically treatment means facing fear evoking stimuli
- May be reluctant and resistant to begin and continue with difficult treatment
Types of Childhood Anxiety Disorders (all children)

- Separation Anxiety Disorder (4%)
- Selective Mutism (1%)
- Panic Disorder (rare; late adolescence)
- Specific Phobia (peak in childhood; 10%)
- Social Anxiety Disorder (peak mid-adolescence; 8%)
- Obsessive-Compulsive Disorder (2%)
- Post Traumatic Stress Disorder (?)
- Generalized Anxiety Disorder (3%)
Separation Anxiety Disorder
Separation Anxiety Disorder

- Inappropriate and excessive anxiety concerning separation from home or from those to whom the individual is attached

- Distress when separation occurs or is anticipated

- Worry about losing or harm befalling attachment figure
Separation Anxiety Disorder continued:

- worry that an untoward event will lead to separation (lost, kidnapped)

- refusal to go to school or elsewhere because of separation

- fear to be alone or without attachment figure at home or in other settings
Separation Anxiety Disorder continued:

- reluctance or refusal to go to sleep without being near major attachment figure
- nightmares involving theme of separation
- physical symptoms when separation occurs or is anticipated

Prevalence 4%
Selective Mutism
Selective Mutism

- Has acquired normal language
- Speaks to family members
- Shows restricted use of language to people outside the immediate family
Could you have panic disorder?

More than 3 million Americans do. People with panic disorder live in constant fear of having panic attacks. Research shows that effective treatments — medications or a kind of psychotherapy called cognitive-behavioral therapy — can reduce or eliminate panic attacks in 70-90 percent of people with panic disorder.

Panic disorder symptoms

- Racing or pounding heart
- Chest pains
- Difficulty breathing
- Dizziness or lightheadedness
- Fear of losing control
- Fear of dying
- Nausea
- Tingling or numbness
- Overwhelming terror
Panic Disorder

- Recurrent/persistent panic attacks
- Fear of future attacks/worry about dying, losing control, going crazy
Specific Phobia
Specific Phobia

- Excessive fear of a specific object or situation
- Heights, dark, dogs, storms, thunder, water, injections, characters
- Throws tantrums, cry, freeze

Peak in childhood; 10%
Social Anxiety Disorder
Social Anxiety Disorder

- Fear in social and performance situations in which the child is exposed to unfamiliar people or to possible scrutiny by others
- Does not occur only with adults, occurs with peer interactions
- Anxiety can be expressed by crying, tantrums, freezing, or shrinking from social situations or unfamiliar people

Peaks mid-adolescence; 8%
School Phobia

Can be related or unrelated to separation anxiety. Fear can involve something in particular to the school:

- going on the bus
- teacher
- aide
- other children

Consistent refusal to go to school or excessive distress either before school, when he/she arrives at school or during school hours
Obsessive Compulsive Disorder
Obsessive-Compulsive Disorder

1. Obsessions
   - thoughts, impulses or images that are intrusive and cause marked anxiety
   - not simply worries about real-life problems
   - try to ignore, suppress or neutralize them with some other thought or action
Obsessive-Compulsive Disorder continued:

2. Compulsions
   - repetitive behaviors (hand washing or checking) or mental acts (praying, counting, repeating words silently) that the person feels driven to do in response to an obsession
   - behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event

3. Obsessions & compulsions are time consuming (more than 1 hr a day)

Prevalence 2%

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Obsessive / Ruminating Thoughts
(Fred Penzel, 2000. Obsessive Compulsive Disorders)

- Repeated many times
- Extremely difficult to stop or change them
- Initially may have some relevance to a real situation or issue
- Over time the thoughts appear to be irrational, extreme, and purposeless to others
- Individual begins doubting whether something harmful has or will happen to oneself or others
Obsessive / Ruminating Thoughts, cont’d

- Individual seeks reassurance about whether the ruminating thought is true or not
- Individual is never satisfied and there is never enough information to eliminate the doubt
- Avoiding that which you fear keeps you trapped in the OCD
7 Most Common OCD types
(Roselyn Gardner, 2003: Symptom Clusters of Obsessive Compulsive Disorder)

- **Checking**: check constantly (e.g., stove off, hairdryer unplugged, doors locked) to prevent something bad from happening

- **Washing & Cleaning**: worry about contamination and may wash multiple times and for long periods of time

- **Repeating a Behavior**: need to repeat same behavior to keep fearful thoughts from coming true; can’t discriminate between obsession and compulsion (Edna Foa & Reid Wilson, 2001: Stop Obessing!)
7 Most Common OCD types continued

- **Maintaining Order**: arrange things in specific symmetrical pattern and notice when things are not in the exact order

- **Hoardling**: collect objects one finds impossible to throw away, with the plan to use them in the future

- **Thinking Rituals**: repetitive thoughts or images used to counteract anxiety provoking thoughts or images (i.e., the obsession); similar to repeaters but the thoughts are ritualistic and repetitive, not the behavior (e.g., saying repeated words/phrases and counting to ensure safety and rid bad luck) - Foa & Wilson, 2000
Worrying & Obsessing: ruminating and uncontrollable negative thoughts without any repetitious behavior or ritual. Typical worries include money, health problems, past traumatic events, or failing an upcoming task (Foa & Wilson, 2000)
Generalized Anxiety Disorder
Generalized Anxiety Disorder

- Excessive anxiety and worry about a number of events or activities
- Difficulty controlling the worry
Generalized Anxiety Disorder continued:

- Anxiety and worry is associated with one or more of the following for more days than not for the past 6 months:
  1. restlessness or feeling keyed up
  2. being easily fatigued
  3. difficulty concentrating or mind going blank
  4. irritability
  5. muscle tension
  6. sleep disturbance (falling or staying asleep)

Prevalence 3%
Post Traumatic Stress Disorder
Posttraumatic Stress Disorder

- Person experienced an event that is outside the range of usual human experience and would be distressing to almost anyone.

- Examples: threat to person’s life or close relative, seeing someone being seriously injured or killed, sexual abuse.
Posttraumatic Stress Disorder continued:

- traumatic event is reexperienced by distressing recollections of the event
- recurrent dreams if the event
- feeling as if reliving event
- intense distress when exposed to events that resemble or symbolize traumatic event
Posttraumatic Stress Disorder continued:

Avoidance of stimuli associated with the trauma

- avoids thoughts or feelings associated with it
- inability to recall important part of it
- loss of recently acquired developmental skills
Posttraumatic Stress Disorder continued:

Avoidance of stimuli associated with the trauma

- loss of interest in significant activities
- feeling detached from others
- restricted range of affect
Posttraumatic Stress Disorder continued:

Avoidance of stimuli associated with the trauma

- sense of foreshortened future

- irritability and outbreaks of anger

- difficulty concentrating

- hypervigilance
Triple Response System

- Thoughts
- Feelings (Physiology)
- Actions
Interconnections

Thoughts

Feelings

Actions

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We're starting. Why? What's that noise? I didn't hear it.

Uh, oh. We're going up. We're hoggle. My knuckles are white.

We're going higher. Why is it so bumpy? Is bumpy good?

Oh, if I live, I'll be such a good person! I'll never criticize, not even my own children.

30,000 feet! I'll never pick up my son again. I'll let him be himself, and enjoy life. Life is so good!

We're going down! Are we landing or falling? That's the worst part.

I'll live and let others live. From now on, I promise! Just bring me home to my family.

We're landing. We're stopping. We've stopped. Thank God!!

Momma!! Hi, Momma!

Francis, my darling...

Momma!!

My dearest, my son! In such torn sneakers you go to an airport?

(C) Meli Lazarus
How to Help The Physical Sensations of Anxiety

- Breathing
- Relaxation
Guiding Principles

- Historical causes are not focus of treatment
- Focus is on thoughts, feelings, actions
- Performance based procedures
- Structured sessions
- Emphasis on learning principles
- Emphasis on contingencies

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...and More Guiding Principles

- Physiological arousal addressed through education and relaxation methods
- Cognitive bias toward threat (e.g., overestimate probability and impact) addressed through cognitive restructuring
- Avoidance addressed through graded exposure
- Coping (rather than Mastery) Model
- In-session and between session practice
Problem Analysis

- Selective attention to stimuli that indicate possible danger
- Hypervigilance is the result
- Dwells on thoughts of catastrophe, exaggerating worst case scenario
- Danger is imminent
- Constantly on guard
- Constant state of emotional distress
Problem Analysis (cont.)

- Avoidance becomes the most common reaction
- Avoidance produces negative reinforcement
- Avoidance behavior is strengthened

Treatment Implications

- Address distorted perceptions/cognitions
- Address avoidant behaviors
Fear Thermometer

10 — No Way!
9 — Really hard!
7 — I don’t think so!
5 — Maybe I can but I am not sure.
3 — I’m a little uneasy.
1 — No problem!
Modeling

- Learning that occurs by observing the behavior of others
- Live, film, participant observation
- Reinforcement and feedback
Social Skills Training

Listening
1. Look at the person who is talking
2. Think about what is being said
3. Wait your turn to talk
4. Say what you want to say
Social Skills Training

Introducing yourself

- Choose the right time and place to introduce yourself
- Greet the other person and tell your name
- Ask the other person his/her name if you need to
- Tell or ask the other person something to help start your conversation
Social Skills Training

Knowing your Feelings

1. Tune in to what is going on in your body that helps you know what you are feeling
2. Decide what happened to make you feel that way
3. Decide what you could call the feeling
Social Skills Training

Responding to Teasing

- Decide if you are being teased
- Think about ways to deal with the teasing (accept it, make a joke of it, ignore it)
- Choose the best way and do it
Replacement Behaviors
so child may function more appropriately within the environment

- make transitions smoothly from one activity to another
- use free time and toys in a functionally appropriate manner
- use positive attitude/words when approaching work and new tasks
- work independently without disrupting others
- notify adult if distracted by sensory input
Replacement Behaviors continued

- initiate conversation with peers and take turns during conversation
- display interest in what others are saying/doing
- exhibit a greater understanding of social cues (i.e., turn-taking in conversation, politeness)
- maintain eye contact during social exchanges (greetings, conversation, answering/asking questions)
- share interests with others at acceptable / appropriate times
- make positive statements about oneself and do so at appropriate times
Replacement Behaviors
continued

- demonstrate ability to problem solve by: identifying the problem, listing possible solutions, evaluating each solution (is it safe, how would people feel, is it fair, would it work), choosing the best solution, and discussing how well the choice worked

- use appropriate words to express emotions in conflict situations rather than physical aggression

- improve ability to handle own anxiety
Replacement Behaviors
continued

- correctly identify/label a variety of emotions on others and regarding oneself across a variety of situations
- demonstrate understanding of how behavior/comments impact someone else by stating how they might feel
- receive criticism well, by thanking the peer/adult and refraining from making a negative remark
STAYING CALM WHEN THE BELL RINGS

When the fire alarm rings, it is time to leave the building.

We do this so that we can stay safe.

When the alarm rings, it can be loud and sometimes hurts my ears.

Now I know that I can:

Take deep breaths

Stay calm

And leave the school with my friends

When I do this, my teachers and I will be happy and safe.
Cafeteria Behavior

When I am in the cafeteria, sometimes I get too excited.

I have trouble staying calm, using an inside voice, and keeping my hands to myself.

I want to stay in the cafeteria for lunch, so I need to:

- Keep my hands to myself.
- Respect personal space of other people by staying my arm’s length away.
- Use an inside voice to talk.
- Use only nice and calm words when talking to others.
- If the other person does not talk to me, I will stay calm and tell myself “It is no big deal”. Then I can find someone else to talk to or stay quiet.
- Stay in my seat when it is time to eat.
- If I need help, I will find an adult and say, “I need help please.”

When I do these things, I will be able to stay in the cafeteria each day for lunch.
Skill Training Homework

Steps:

When I practiced

How did I do?
Important Steps of Skill Training

- Train students to become effective observational learners
- Use role play and in-vivo practice to improve skill and to reduce anxiety
- Provide continuous feedback about the student’s performance
- Help develop methods of self-reinforcement
- Develop ways for students to transfer training to the real world
Setting Up a Social Skills Training Group

- If possible, keep the group small (5-8 students)
- Each session should focus on one skill
- Length of session should be no longer than 1 hour (a minimum of 20 minutes)
- Best if you can group students according to overall skills deficit (ex. Anxious vs. aggressive)
- Do a baseline assessment of skill deficits
Cognitive Restructuring

- Child’s response is determined by the content of child’s thoughts
- Changing the thoughts facilitates a change in behavior
- Key cognitive component for anxious children is WORRYING!

Treatment components
- Identify somatic sensations
- Identify cognitive content
- Develop coping plan
- Appraise performance in anxious situation
- Administer self-reinforcement for appropriate performance
Are there any monsters under my bed tonight?

If there were any monsters under my bed, how big would they be?

No. No. No.

Very small. Go to sleep.

Mom!
Thinking Mistakes

1. Black and white thinking
2. “Yes But” thinking
3. Mind Reading
4. Telling the Future
Thinking Mistakes continued:

5. Emotional Reasoning

6. Labeling

7. Should Statements

8. Overgeneralizing

9. Catastrophizing
Key Questions

➢ Do I know for certain that _________ will happen?

➢ Am I 100% sure of these awful consequences?

➢ What evidence do I have that ________?
Key Questions

- Does ______ have to equal or lead to _____?
- Do I have a crystal ball?
- What is the worst that could happen? How bad is that?
Key Questions

- Could there be any other explanations?
- What is the likelihood that _____?
- Does _____’s opinion reflect that of everyone else?
Key Questions

➢ So what?

➢ Is _____ really so important that my entire future resides with its outcome?

➢ Is _____ really so important or consequential?
<table>
<thead>
<tr>
<th>Triggering situation, event or thoughts (include date)</th>
<th>Automatic Thoughts (Put # from list next to each AT)</th>
<th>Rational Thought</th>
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Cognitive Restructuring

The teacher is yelling and I’m scared.
She’s not yelling at me.

I’m scared of the yelling.
Yelling can’t hurt me.
Cognitive Restructuring

The other kids don’t like me.
Some of them want to play with me.

I have nothing in common with the other kids.
We probably like some of the same things.
I won’t have anything to say.
I can think of something to say. I have my list of topics.

I’m not good at sports
There are other things to play besides sports.
Cognitive Restructuring

I can’t do my work on my own.
I have done my work my myself and gotten things right.

I can’t make mistakes.
Everyone makes mistakes sometimes.
Reinforcers

- Erasing the board
- Bringing a message to the office
- Turning out the lights
- 1 free homework coupon
- Computer time
- Library time
Reinforcers

- Special snack
- Snack money
- Being the first in line
- Stickers
- Picking the book read to the class
- Bravery bag
OCD Treatment

- Behavior Therapy
  - Exposure & Response Prevention
  - Imaginal & In-Vivo Exposure
  - Homework Assignments

60-70% reduction in symptoms
Creating a Hierarchy

1. Touching a public toilet and not washing 100
2. Touching the bathroom door and not washing 95
3. Eating without washing 85
4. Touching the grass and not washing 80
5. Walking on the grass 70
Creating a Hierarchy cont.

6. Touching Joseph & Karen & not washing  
   70

7. Collecting homework from the class  
   60

8. Sitting on the floor  
   55

9. Sitting at someone else’s desk  
   50

10. Using someone’s pencil or scissors  
    50
Creating a Hierarchy continued:

1. Handing in a test without checking it 98
2. Not asking a question regarding the test 95
3. Not asking questions about an assignment 85
4. Not calling someone up about a homework assignment 75
Creating a Hierarchy cont.

5. Handing in homework without my parents checking it  70
6. Deciding what homework to do first  60
Therapy Process Variables

- Externalize OCD ("OCD is not you, but the enemy.")
- Gradual not intensive exposure (transition zone/work zone)
- Therapist control versus child control
- Therapist assisted ERP versus OCD Homework
- Developmental considerations ("Germy, just get out of here. I am the boss of you.")
- Family involvement
What do you do if child refuses to do the first step?

Use smaller steps
Habit Reversal

- Commonly used for trichotillomania, nail biting, motor tics, thumbsucking, twirling shirt/hair

- Increase child’s awareness of habit
  - Look in mirror while performing habit
  - Child should identify when habit starts
  - Record frequency of habit to monitor progress

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Habit Reversal

- Practice competing response daily in front of mirror
- New behavior makes it impossible to perform the old habit/behavior
- E.g., Instead of pulling hair, child needs to clasp hands for 10 seconds
- Encourage child to use competing response when:
  - There is an urge to begin habit
  - During situations child is likely to begin habit
  - For period of 1 minute following habit

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Generalization Aided by Parents and School Staff

- Attention and planned ignoring
- Praise/rewards for motivation
- Consistency between parents and school
- Communication
- Promote child independence
- Avoid excessive reassurance
- Control anger
- Model coping skills
- Graded assignments
Resources

Resources

Social Skills Games and Activities

- **Childswork Childsplay**
  (www.childswork.com 1-800-962-1141)
- **Super Duper Publications**
  (www.superduperinc.com 1-800-277-8737)
- **Linguisystems** (linguisystems.com)
- **www.socialskillbuilder.com**: interactive computer programs using real life video to teach social skills