

The Parent's Role in the Treatment of Anxiety Symptoms in Children with Autism Spectrum Disorders

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Overview of This Presentation

- Why study anxiety in ASD? Making the Case.
- Epidemiology of Anxiety Disorders
- Development of Anxiety Disorders in Children with ASD
- Intervention research for anxiety disorders and ASD (focus on parents)
- Recommendations for parents

Making the Case--Why Study Anxiety Symptoms in Children with ASD?

- Effects of anxiety limiting and long-lasting
- Impact on families
- High co-occurrence in children with ASD
- Impact on future-functioning
- Anxiety-related behaviors are treatable!

Epidemiology

- Anxiety Disorders in Typical Children
 - ages 7-11; 9% anxiety disorders (Costello, 1989)
 - Kashani & Orvaschel (1990) 21%; March (1995) 5.7%-17.7%
 - Highly co-morbid
 - Rates higher in children of adults with anxiety disorders

Epidemiology

- Anxiety Disorders in Children with ASD
 - Diagnostic issues influence process
 - Anxiety co-occurs in 7-84% of children/adults with ASD (Lainhart, 1999)
 - Autism vs. Asperger's (Gillot et al. 2001; Kim et al. 2001; Martin et al. 1999)
 - Patterns of medication use related to ASD

Development of Anxiety Disorders in Children with ASD

- Genetic and temperamental influences
- Trauma/negative life events
- Parental anxiety
- Parenting style
- Impact of core symptoms of ASD
- Stress and ASD
- Stress and anxiety disorders

Genetic and Temperamental Influences



Trauma/Negative Life Events

- Following traumatic events, typical children can display higher levels of fear
- Not all children develop PTSD, but more likely if mothers are anxious and “overprotective” (Donovan & Spence, 2000)
- Clinically anxious children, children with DD and ASD are more likely to experience stressful life events (Nugent, 1997)
- Children with ASD more likely to be sensitive to life changes

Parental Anxiety

- Anxiety leads to increased threat interpretation (Barrett, 1996)
- Anxious children are more likely to have an anxious parent--(typical children)
 - not necessarily causal, but moderated through genetics, environmental interplay
 - having an anxious parent can influence assessment of child's anxiety (Frick, 1994 et al.)

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Parenting Style

- Parental overcontrol may:
 - interfere with acquisition of effective problem-solving skills (Barrett, 1996; Krohne & Hock, 1991)
 - undermine children's belief in their ability to succeed in challenging situations
 - reinforce the child's vulnerability to anxiety by increasing perception of threats
 - lead to avoidant coping strategies (Cowan et al. 1998)



*"Please, Mrs. Enright, if I let you pinch-hit for Tommy,
all the mothers will want to pinch-hit."*

Core Symptoms and Associated Features of ASD: Impact on Families

(Lainhart, 1999; Marcus et al. 1999; Norton & Drew, 1994; Siegel, 1999)

- Early sleeping and eating patterns
- Unpredictable behavior
- Changes in routine--need for sameness
- Focus on irrelevant information
- Oblivious to harmful/dangerous situations
- Splinter skills and uneven development

Core Symptoms Continued

- Communication deficits, especially pragmatics
- Deficits in social skills--problems interpreting social information
- Cognitive deficits, including EF, theory of mind, central coherence deficits

Core Symptoms and Parental Impact

- Process of getting diagnosis
- Social responsiveness
- Safety concerns/behavior in public
- Scarcity of professional resources
- Continual parental responsibility
- Parental isolation and loneliness
- Existence of many treatment techniques

Disability and Stress

- Transactional affects of core symptoms of ASD; unclear if parenting ASD harder than other disability groups
- OCD and family stress

Intervention Research for Children with Anxiety Disorders

- Protective Factors: address risk factors, increase social support, coping skills—especially problem-focused strategies
- Typical children and anxiety disorders: CBT
 - Graded exposure
 - Relaxation
 - Increased awareness of somatic symptoms
 - Identification of anxiety-provoking situations
 - Altering self-statements



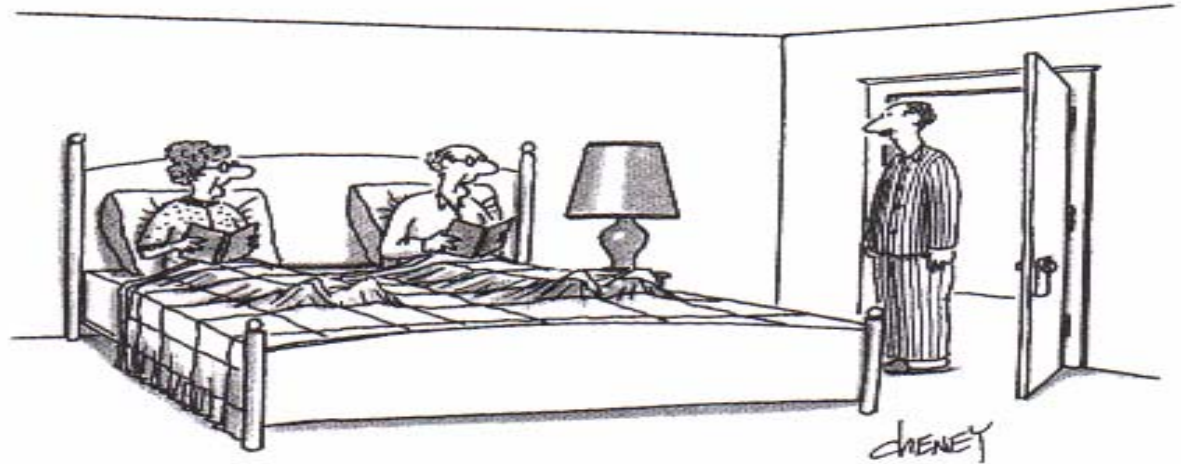
"This is gonna hurt like hell."

Intervention Research for Children with Anxiety Disorders: Parent Component

- Parent training can reduce temperamental risk for anxiety disorders (Rapee & Jacobs, 2002)
- CBT plus family component more effective than CBT alone (Barrett et al. 1996; Mendolowitz et al. 1999)
- Younger children responded better to parental involvement
- Effects of parent involvement over time

Components of Parent Training

- Parents need to identify the role they play in the development and maintenance of symptoms
- Parents need to deal with own anxiety
- Training in working together as a couple to solve problems
- Training in rewarding courageous behaviors and extinguish excessive anxiety



"Son, your mother and I think that you are now old enough to get your own drink of water."

Parental Involvement - ASD

- Marcus and Schopler (1989) informal and formal data support the efficacy of parent involvement
- McClannahan et al. noted that when parents 1:1 therapists, an increase in generalization, positive results; parents made substantial contribution to child's progress

Parental Involvement – Children with ASD and Anxiety Symptoms

- Howlin & Rutter, (1987): Behavioral treatment of phobic responses in adolescents with Autism
- Reaven & Hepburn (2003): CBT with a child with Asperger's Disorder and OCD

Recommendations for Parents of Children with ASD and Co-Occurring Anxiety Symptoms—and the Professionals Who Work With Them (contributions from March, 1998)

1. Make sure that intervention is provided for the core symptoms of ASD (comprehensive skill building)
2. Put in place well-known strategies for ASD (visual support and structure, systematic teaching, task analysis, etc.)
3. Address challenging behaviors in proactive and positive ways
4. Provide supports for families including respite; surround families with strong school system and supports.
5. Believe parents--especially of high functioning children where impressions are discounted, minimized or misinterpreted

Recommendations Continued

6. Empower parents—every intervention should be geared to enhance parental competence
7. Provide psycho-education about anxiety disorders
8. support children in externalizing symptoms
9. decrease criticism

More Recommendations

10. support and encourage implementation of “tools”
11. make sure parent knows child’s “target zone”
12. encourage positive self-talk
13. do not preach
14. parents need to take care of themselves

And Still More

15. Seek support from objective and disentangled, but supportive family member or friend
16. Be a coach and cheerleader for your child
17. Model courageous coping behavior
18. Actively promote generalization from session to home/school—talk directly to school staff
19. Model confidence in child's ability to handle anxiety
20. “Innoculates” child to anxiety provoking situations through graded-exposure and provide rewards for facing fears

Summary of Research

- Anxiety disorders and ASD highly co-morbid
- Multiple factors influence the development of anxiety in ASD
- Positive impact of parental involvement: intervention research with typical children and anxiety disorders, children with ASD and children with both ASD and anxiety disorders
- Parents have crucial role to play in supporting the treatment of their children with ASD and anxiety