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Managing Anxiety and Depression in Persons with ASD


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Overview of the Presentation

- Why care about anxiety and depression?
- Identifying symptoms
- Understanding the disorders
- Treatment overview
- Strategies that help
- Resources
- Questions??




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Why care about anxiety & depression in ASDs?



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Prevalence



- Anxiety and depression symptoms are very common in persons with ASDs.
 - General population statistics: approximately 10-25% of children or adults will develop a psychiatric disorder.
 - In ASDs: estimates range from 40-80% of children or adults with ASDs will develop a co-morbid disorder.
- Research has also indicated that they occur more often in persons with ASDs than with other developmental disabilities.

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ASD is a Risk Factor



- ASD is now considered a risk factor for mental health problems due to
 - Organic neurobiological disorder with numerous associated medical conditions
 - Core deficits impede ability to develop strategies for coping with strong emotion
 - Increased individual and familial stress

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Impact




- Interferes with functioning in home, school, and community environments
- Can exacerbate the core symptoms of the developmental disability
- Untreated anxiety is associated with later depression
- Anxiety and depression tend to persist, not remit over time

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Potential to Treat


- Exciting research is emerging that anxiety and depressive symptoms are quite treatable in individuals with ASDs



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Why Haven't We Addressed this Earlier?

- "Myth of immunity" (Nugent, 1997)
- Diagnostic overshadowing




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Identifying the Symptoms



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Symptoms of Anxiety



- Restlessness
- Irritability
- Fatigue
- Somatic complaints
- Difficulty with concentration
- Sleep problems
- Physiological over-reactivity
- Shyness
- Fearful responses to stimuli
- Difficulty separating from others
- Chronic worry
- Distressing thoughts
- Avoidance
- Repetitious behavior
- Nightmares

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Symptoms of Depression



- Depressed mood
- Irritability
- Restlessness
- Loss of interest
- Over or under eating
- Aches and pains
- Withdrawal
- Guilt
- Worthlessness
- Decreased motivation
- Hopelessness
- Sleep difficulties
- Low self-esteem
- Loneliness
- Thoughts of hurting oneself
- Poor concentration
- Difficulty with decision making
- Poor hygiene

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Distinguishing Disorders




- With so much overlap, how can we distinguish these disorders from each other and an ASD?
- Determining the presence of an additional anxiety or mood disorder is complex and challenging. Generally takes more time and more involvement from caregivers to determine the presence of an anxiety or mood disorder. Individuals with ASDs may or may not be good reporters.

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Making a Diagnosis

- Best practice for the diagnosis of an anxiety disorder in the presence of an ASD includes:
 - Family/caregiver interview
 - Observation of behavior
 - Medical history
 - Diagnostic interview
 - Consideration of individual differences and alternative explanations
 - Review of DSM-IV-TR criteria
- Best made when you know the client well and you know what typical behavior is for that child.




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And remember . . .




"The 'book of problems' has problems. Go beyond it."
- Phillip Kendall



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Understanding the Development of Anxiety and Mood Disorders



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The Internalizing Disorders


- Anxiety and depression are considered "internalizing disorders" because they are characterized by internal distress and over controlled behavior
- Often co-occur
- Have overlapping characteristics
- Anxiety typically precedes depression



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What Causes Anxiety & Depression?


- Genetics & Temperament
- Stressors
- Lack of Social Support
- Extreme Thinking
- Behavioral Patterns
- Poor Coping & Problem Solving Skills
- Modeling
- Caregiver Reactions



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What "Maintains" Anxiety?


- 3 factors contribute to the maintenance of anxious symptoms
 - Physiological components
 - Cognitions (beliefs, assumptions, thoughts)
 - Behavior (avoidance)



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Physiological Symptoms

- Increased autonomic arousal

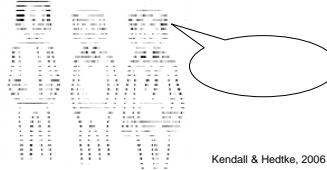


Kendall & Hedtke, 2006

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Cognitions in Anxiety

- Anxiety – overestimation of dangerousness and underestimation of ability to cope

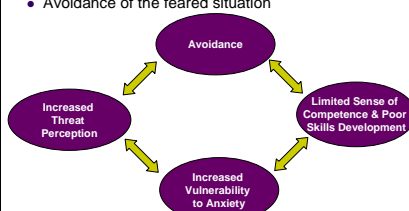


Kendall & Hedtke, 2006

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Behavior

- Avoidance of the feared situation



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graph TD; A(Avoidance) --> B(Limited Sense of Competence & Poor Skills Development); B --> C(Increased Vulnerability to Anxiety); C --> D(Increased Threat Perception); D --> A;
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Kendall & Hedtke, 2006

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What Maintains Depression?

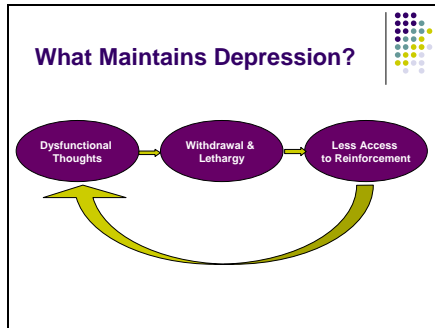
- Depression is maintained by dysfunctional cognitive styles that lead to withdrawal and less access to reinforcement

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Dysfunctional Cognitive Styles

- Belief that there is no way to make positive changes in one's own life
- Attend more to negative events than positive events
- Unrealistic high standards
- Black & white thinking
- Overgeneralization
- Take events too personally

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Treatment

- Best practice includes at least one of the following:
 - Cognitive Behavioral Treatment (thought to teach individuals to think differently and adopt new adaptive behavioral patterns)
 - Behavioral Skills Training (to address skill deficits that are associated symptoms)
 - Psychiatric Medication Management (thought to manage physiological symptoms)



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Adapting Psychotherapeutic Approaches for Individuals with ASDs

- Hurley (1998):
 - Simplification: Reduce complexity, break down concepts, provide more practice
 - Language: Reduce language demands
 - Activities: Engage participant and avoid passive learning
 - Developmental Level: Gear content to social and communication level
 - Flexible Methods: Present material in a manner that fits different learning styles
 - Involve Caregivers: Teach caregivers simultaneous to participants and include rehearsal in real life settings
 - Rehabilitative Approaches: Promote positive self-view



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Components of Cognitive Behavioral Psychosocial Treatment For Anxiety

1. Psycho-education Education
2. Parent/Caregiver Education
3. Identifying Coping Strategies
4. Facing Fears

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Affective Education

- Define anxiety; build a vocabulary around anxiety
- Identify how anxiety is manifested in each individual; enhance self-awareness
- Talk about how much time "anxiety" takes and how it interferes
- Externalize anxiety symptoms
- Make a connection between thoughts and physiological reactions

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Affective Education

- Use analogy

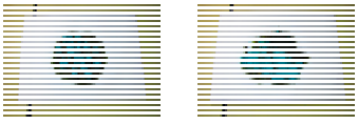


e.g., "car alarm analogy" to explain physiological overreaction; Chansky, 2004

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Affective Education

- Incorporate Visual Strategies

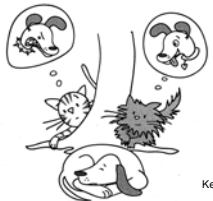


e.g., The Cell "Worry Bug"; Reaven et al., 2006

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Affective Education

- Incorporate visual strategies



Kendall & Hedtke, 2006

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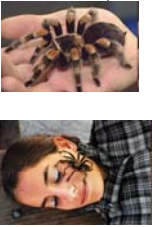
Parent/Caregiver Education

- Psychoeducation about anxiety
- Challenges inherent in ASDs associated with protective parenting style
- Difference between "adaptive protection" and "excessive protection" (Reaven & Hepburn, 2006)
- Role of caregiver: coach and model

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Facing Fears

- Step-by-step facing of fears that allows for individuals to build confidence and test their hypotheses
- A mostly common sense procedure but has to be done in a step-by-step manner in order to be successful for most children.



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Facing Fears: The Hierarchy

Most Feared

↑

↓

Least Feared

8. Letting a spider crawl on hand
7. Letting a spider crawl on hand with gloves on
6. Touching a spider with one finger
5. Touching a spider with gloves on
4. Looking at a spider in a glass case
3. Watching a movie about spiders
2. Touching fake plastic spiders
1. Looking at pictures of spiders

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Components of Cognitive Behavioral Treatment For Depression

1. Psycho-education Education
2. Parent/Caregiver Education
3. Self-Monitoring Pleasant Emotions
4. Pleasant Events Scheduling
5. Increasing Positive Self Statements
6. Learning to Handle Disappointment
7. Other Components

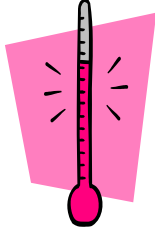
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Affective Education

- Define depression; build a vocabulary around depression
- Identify how depression is manifested in each individual; enhance self-awareness
- Talk about how much time "depression" takes and how it interferes
- Externalize depression symptoms
- Make a connection between thoughts and physiological reactions

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Self-Monitoring Pleasant Events



High Enjoyment

Medium Enjoyment

Low Enjoyment

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Planning for Pleasant Events


Weekly Planning Form for Scheduling Positive Activities							
Activity	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Goals for positive activities:	go to movie	ride bikes	go swimming	play baseball	rent a movie	play basketball	go to comic book store
Persons who will be involved	Oliver	Addy	Skippy	Nelson, Bill	Mom	Oliver	Nelson, Bill
Materials or resources needed	money, ride	bikes	money, swimsuit	baseball equipment	money, ride	basketball	money, ride

Merrell, 2008

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Talk about Cognitions

- Use analogy . . . Domino thinking




Tells you how things feel, not how they really are.
- Chansky, 2008

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Increasing Positive Self-Statements

- Developing Alternative Explanations
- Hypothesis Testing



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Learning to Handle Disappointment

- I have not failed. I've just found 10,000 ways that won't work. –Thomas Alva Edison
- I've missed more than 9,000 shots in my career. I've lost almost 300 games. Twenty-six times I've been trusted to take the game winning shot and missed. I've failed over and over in my life. And that's why I succeed! –Michael Jordan
- You have to kiss a lot of frogs. –My grandmother
- Chansky, 2008

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Other Components


- Relaxation Techniques
- Sleep, Hygiene & Nutrition Interventions
- Contracting



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Behavioral Skills Training


- Anxious and depressed individuals often lack social skills and assertiveness skills
- Teaching these skills can result in more positive interactions with others (and thus more reinforcement) and an increased sense of competence and less avoidance of these situations



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Behavioral Skills Training

- Identify social skills and assertiveness skills that need targeting and the social situations in which they are needed
- Use strategies such as giving information about the skills, role-play, and incidental teaching to teach the skill



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Parent & Caregiver Behavior: Anxiety



- Helpful Behaviors (Rapee et al. 2000):
 - Rewarding brave, non-anxious behavior
 - Ignoring unwanted behavior
 - Preventing avoidance
 - Prompting coping behaviors
 - Develop scripts to talk about problems
 - Modeling brave, non-anxious behavior
 - Remaining calm
 - Communicating empathy effectively
 - Seek help from therapist

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Parent & Caregiver Behavior: Anxiety



- Unhelpful Behaviors (Rapee et al. 2000):
 - Excessive reassurance
 - Being too directive
 - Allowing avoidance
 - Becoming impatient
 - Modeling anxious behavior

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Parent & Caregiver Behavior: Depression



- Helpful behaviors (Chansky, 2008)
 - Rewarding active behavior
 - Use positive discipline/feedback strategies
 - Prompting problem solving and alternative explanations for dysfunctional cognitions
 - Develop scripts to talk about problems
 - Arrange social interactions
 - Remain calm
 - Promoting healthy sleep, hygiene, and eating habits
 - Seek help from a therapist

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Parent & Caregiver Behavior: Depression

- Unhelpful behaviors (Chansky, 2008)
 - Becoming impatient
 - Being too directive or lecturing
 - Allowing withdrawal
 - Using punishment or negative feedback as methods to change behavior

Teach without getting tangled up: Don't turn one negative person into two – Chansky, 2008

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References

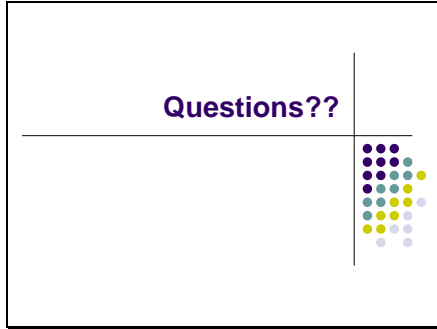
- **Face Your Fears: A Family-Focused Intervention to Reduce Anxiety in Youth with Autism Spectrum Disorders** by Reaven, Blakeley-Smith, Nichols, & Hepburn (pending publication by Paul H. Brookes)
- **Helping Your Anxious Child** by Rapee, Spence, Cobham, & Wingnall
- **Freeing Your Child from Anxiety** by Chansky
- **Helping Students Overcome Depression and Anxiety** by Merrell
- **Freeing Your Child from Negative Thinking** by Chansky

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