



Anxiety and Autism Spectrum Disorder

What Does It Look Like and How Do We Intervene?

(Spoiler alert: many of the techniques you already use can also decrease anxiety)

Jayne Bellando, Ph.D.

Research has shown that between 40 and 60 percent of school-aged children and adults with autism spectrum disorder (ASD) have some sort of anxiety disorder.¹ Anxiety is traditionally defined as a strong reaction to anticipated future threats. It can include excessive fear responses, irrational thoughts, behavioral disturbances, avoidance of situations, and being over-vigilant. It can also impact sleep, eating and mood.² Despite a shortage of research on the topic, we also know that younger children can have anxiety symptoms, including young children with ASD.

It often takes a keen eye to diagnose anxiety, especially in an individual who also has an autism diagnosis. While anxiety can come from the typical sort of situations that we all face, autism research tells us that anxiety can also be related to the core features of autism. If families, teachers and therapists are not aware of the variables that can cause anxiety, they may mistakenly label a child's behaviors as "oppositional" when they are in fact due to anxiety. A child's behavior may result in a diagnosis of ADHD or Oppositional Defiant Behavior Disorder when it may be a manifestation of anxiety.³

The causes of anxiety in a person diagnosed with ASD will vary depending on the individual. Such causes could include the following: not understanding social language expectations; trouble with nonverbal social cues; general language difficulties that make it difficult to understand what others are saying; difficulties with transitions from one task to another; sensory overload; difficulty understanding the point of view of others; and having trouble seeing the "big picture."

A person who struggles with these issues, or others, can find each day to be an anxiety-filled experience. This reality may go undetected by others. If individuals have limited verbal expression or social language to let others know how they feel, they may act it out rather than talk it out. This is especially true for younger children who are not able to process how to deal with the feelings of anxiety or other strong emotions that they may be experiencing.

It often takes some time to determine what may be fueling a behavior. This involves thinking about whether or not some sort of anxiety may be contributing to the behavior that is being seen. The next step is to find ways to help the child both have more understanding and gain more control.

A Child's Age and Level

Determining a child's age and language skills is key to figuring out what may be causing anxiety. The following three examples can help us identify some common issues that will create anxiety for children at different ages. See if you can figure out the source of the anxiety. Keep in mind that if we do not understand the characteristics of autism and how to look for possible anxiety, these behaviors can be misinterpreted as showing a negative, strong-willed, lazy or uncaring attitude.

Young Child Scenario

Timmy is three years old and has been diagnosed with ASD. He is in a mother's day out program four days a week. He is minimally verbal. Timmy has difficulty with transitions and change. In his classroom, there is lots of fun but not much of a routine. Other children want to share his favorite toys, and he is very sensitive to the smell of the food that is served for lunch. Timmy is having meltdowns, pinching other children and has tried to bite his teacher. The school is considering asking Timmy to leave. What may be fueling these behaviors?

Anxiety Triggers for Tommy: Difficulties with transitions; special interest toys being taken by other children; not understanding the social rules of sharing; not understanding the language others are using to give him the clues to share or to make friends; sensory issues with taste, smell, texture during lunch, which is another transition.



Grade School Scenario

Tamara is a 4th grade child who is refusing to go to school. Tamara's language skills are in the moderately delayed range. When her mother talks to the teacher, she finds out that Tamara holds her ears and cries when the bells ring for class changes. Tamara refuses to go into the cafeteria to eat and be around other children. Tamara is also being teased by her peers. Last week, the classroom teacher told students that she has "eyes in the back of her head." Tamara has been timid with her since then. Tamara gets upset when other children are talking because the rule is "no talking in class." Her teachers think she is being oppositional. What may be causing these behaviors?

Anxiety Triggers for Tamara: Sensory overload when changing classes and in spaces with loud noises and less structure; difficulties with literal thinking and not understanding idioms; worry about being teased by other children; trouble with learning and making friends; knowing that other people are frustrated with her, not understanding why and not knowing what to change in her behavior to make it better.



College Scenario

John is a freshman in college and has ASD. He had accommodations in high school for taking tests, which included extended time and a quiet room. His parents are allowing him to work this out on his own in college. While John knows that he would do better on tests if he asked his teachers for these accommodations, he does not know who to go to or how to start this conversation. He has not scheduled a meeting with anyone on campus to address this situation. He is getting to the end of the semester and his grades are falling. He is now staying inside his dorm room, not sleeping well and is trying to not interact with peers on campus. Teachers attribute his falling grades and not reaching out for help as laziness and a lack of interest in school. What may be fueling these behaviors?

Anxiety Triggers for John: Figuring out who to talk to in order to get his needs met; not knowing how to have a conversation about his needs; being passive in his interactions; a possible cycle of lack of sleep and worry could be impacting his grades; possibility of poor organizational skills; depression could be starting.

Use Familiar Interventions

The good news is that there are evidence-based interventions for autism that can also help with anxiety. You are likely very familiar with some of these already. Let's revisit these evidence-based interventions and see how they also help with anxiety.

- **Visual schedules** help individuals predict what is happening during the day and can decrease anxiety.
- **Social stories** help individuals understand what is expected of them and what will be happening in unfamiliar situations. They can decrease anxiety.
- **Practice runs** give individuals a chance to try something out ahead of time. Not only can they help decrease anxiety, they can also help determine ways to alter a situation to make it less stressful.
- **Learning to problem solve** can help a person feel less anxious in the moment in case there is a glitch in a plan.
- **Modeling by others** allows individuals to role-play situations to help practice how to act, which can reduce anxiety.
- **Praising and highlighting good coping** skills that are already being used can decrease anxiety and help to reinforce those skills.
- **Changing irrational thoughts** can also help lessen anxiety. It is better to recognize that everyone gets a bad grade on occasion rather than to worry about being kicked out of school and never getting a job because of the bad grade. Of course, this approach is for individuals who are older and have higher-functioning language skills.

Need More Help?

There may be times when anxiety is significantly interfering with a child's behavior and quality of life. If this becomes a prominent problem, families should consider seeking out a psychotherapist. It is always best if the therapist has experience working with children your child's age and has knowledge about autism.

In my experience as a psychologist, I have found that therapy with children on the autism spectrum may need some extra support to be successful. For example, I use more visuals to help teach skills to children with anxiety. I also like to have families present in our sessions, especially when working with younger children. I want children to learn about different ways to cope with their anxiety, but I also want parents to know what those are so they can practice them during the week with their child. In my experience, the involvement of parents is a critical part of the sessions. I also gently check in with the child through the session to make sure that what I am saying is making sense. In our culture, we use idioms and make assumptions about relationships and events that might be confusing. Children are unlikely to ask you to clarify something unless you check in with them and help them feel safe about asking.

Therapy sessions can also be used to assist the child and the family in finding other stakeholders to help with anxiety problems. Parents may need to inform

the school about how anxiety is impacting the child in the school setting. A therapist may help families to request a 504 Plan, which identifies accommodations to ensure academic success, or to ask to include support in the child's Individualized Education Plan to address anxiety. For older individuals with ASD, therapy may include talking about transition planning and teaching the young adults with ASD how to advocate for themselves as they become more independent.

Families will want to keep their child's primary care physician informed of anxiety concerns, and may need to talk about possible medications for their child if this becomes warranted. The Autism Speaks Autism Treatment Network (ATN) Anxiety Workgroup published a review of pharmacological and nonpharmacologic anxiety treatments in 2013.⁴ This is a wonderful resource for physicians and care providers to help provide evidence-based assessment, diagnosis and treatment for anxiety concerns for individuals with ASD. While the relationship between anxiety and ASD may seem complex, there are evidence-based interventions that can make a difference. If you have a child on the spectrum who suffers from anxiety, seek out the resources and assistance you need to help your child reduce the anxiety and achieve his or her potential.

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Jayne Bellando, Ph.D. is a Pediatric Psychologist and Professor in the Department of Pediatrics at the University of Arkansas for Medical Sciences in Little Rock, AR. Her clinical work is at the Dennis Developmental Center, the UAMS Developmental Diagnostic clinic in the state. Dr. Bellando is the Co-Director of the Community Based Autism Liaison and Treatment Project (CoBALT), a program designed to help cut the wait time for children and families to be screened for developmental and autism concerns in the state of Arkansas. This is a collaborative project with UAMS and the Arkansas Division of Developmental Services. She is also one of the Co-Directors of Healthy Child Care Arkansas (HCCAR), a state contract designed to train and provide best practice information to child care providers.

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