

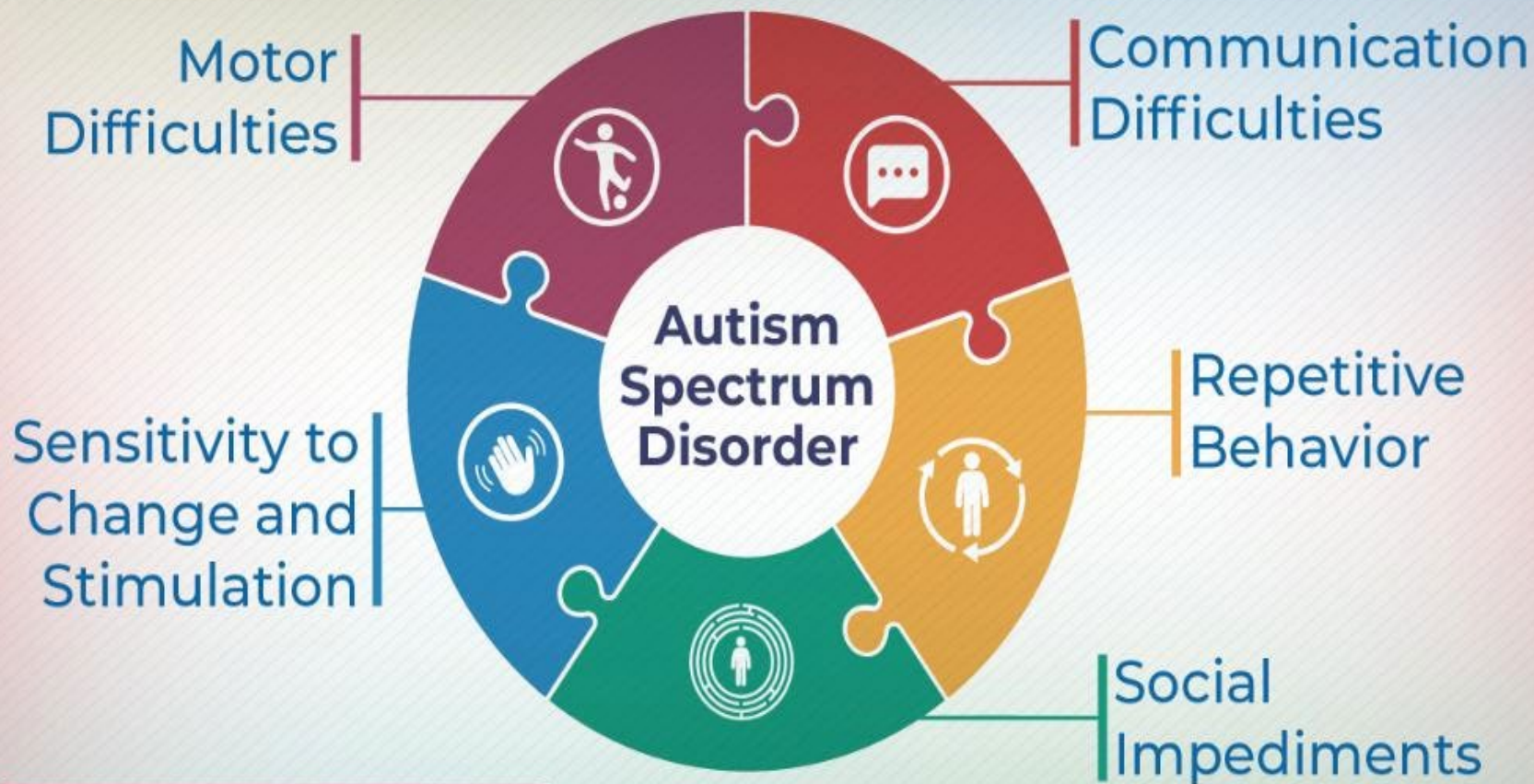


Learners with Autism and Other Developmental Disabilities Who Have Anxiety: Key Considerations and Best Practices

Daniel W. Mruzek, PhD, BCBA-D
March 16, 2022

Learning Objectives

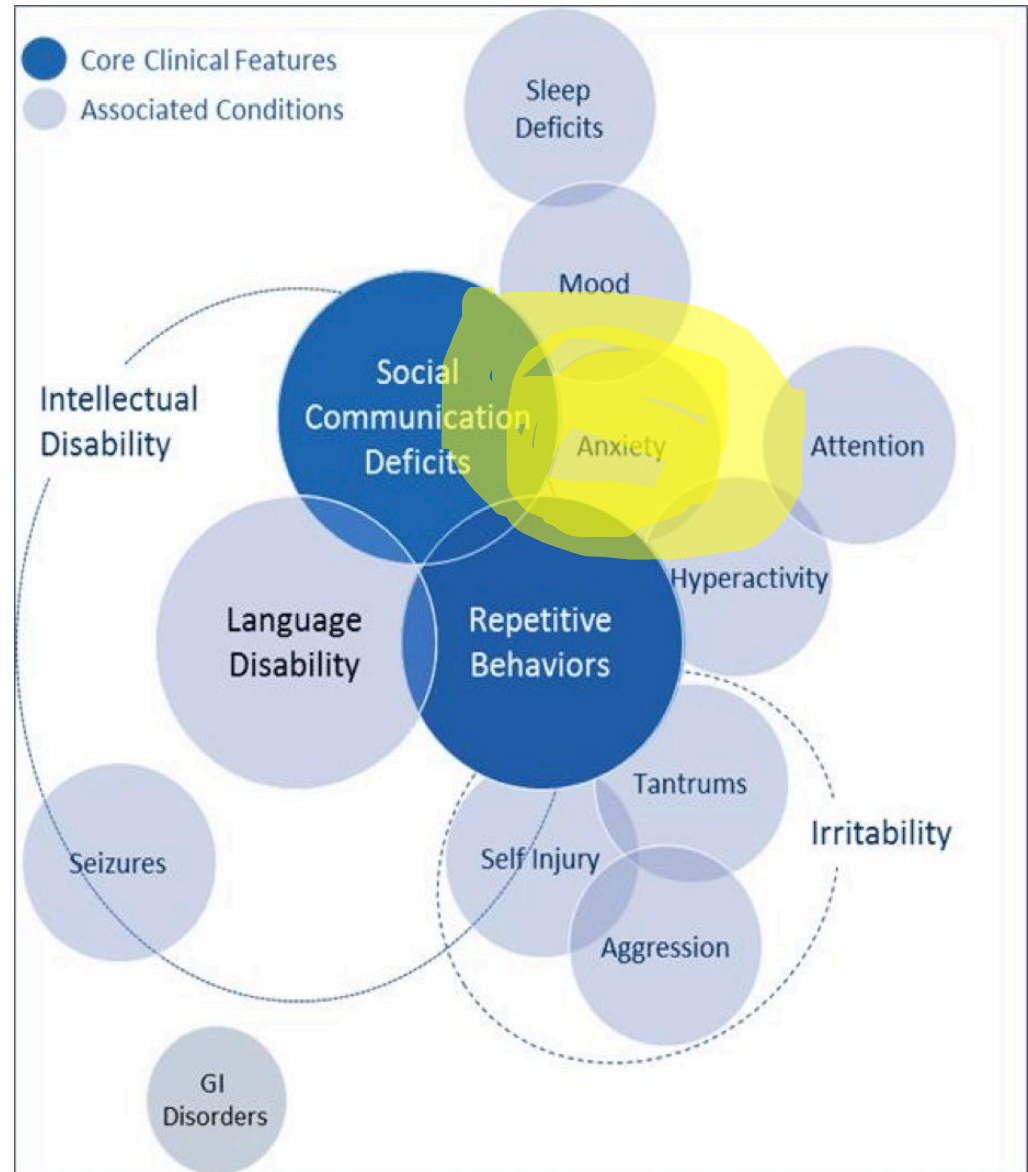
1. Participants will demonstrate knowledge of different types of anxiety diagnoses, discuss case conceptualization, and link to behavior in the classroom and other instructional settings.
2. Participants will describe a model for understanding “anxiety-related” behavior and relate this to intervention, supports, and modifications.
3. Participants will identify key classroom supports for learners with anxiety, including those that incorporate positive reinforcement of self-advocacy, development of specific coping skills, visual supports, and systematic relaxation strategies.
4. Participants will demonstrate a working knowledge of how to integrate their professional service efforts with the practice of other helping professionals (e.g., healthcare professionals), in supporting a learner with maladaptive levels of anxiety.
5. Participants will recognize the most common barriers to treatment of challenging behaviors related to anxiety, as well as strategies that aid in overcoming these barriers.



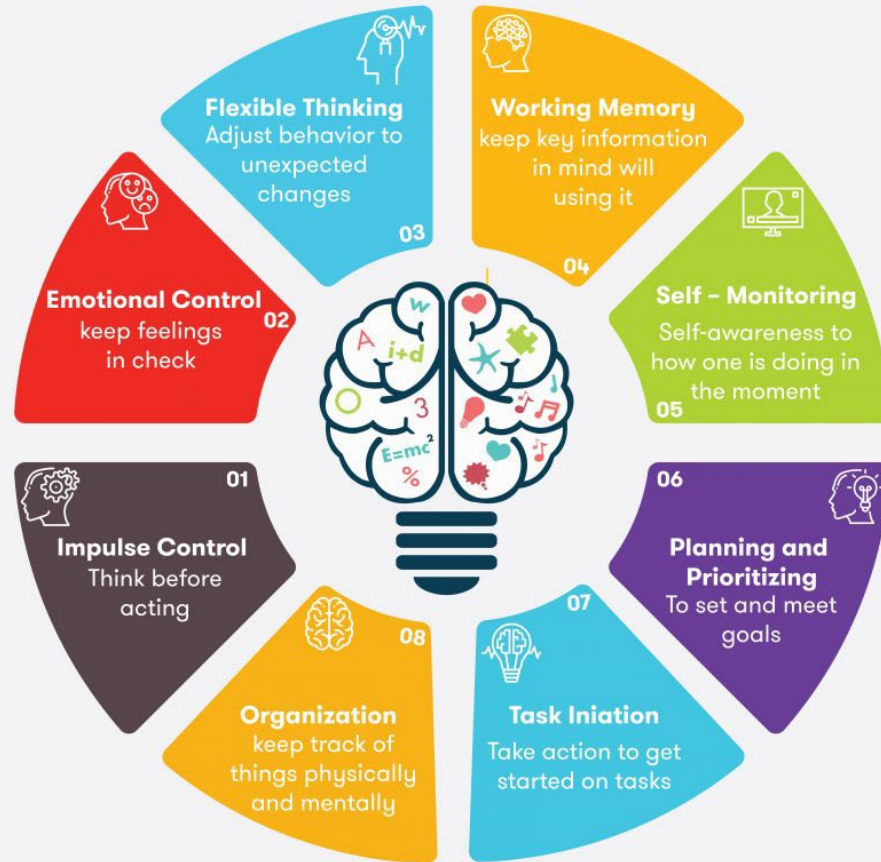
#AutismAwarenessMonth

HHS.gov

Co-occurring Conditions



EXECUTIVE FUNCTIONING



www.addvantageslearningcenter.com

More Like a Mosaic Than a Spectrum





ASD Treatment Options

ABA: Lovaas, Acamprosate, Acceptance and Commitment Therapy, Across-Task Schedule, Acupressure, Acupuncture, Activity Schedules, Additive-Free Diet, Adrenergic Agonists, Advancing Social-CommuChoreotherapy, Circle Time, Clay Bath, Clinical Teaching Model, Clomipramine, Clonide, Cod Liver Oil, Cognitive Behavioral Intervention, Cognitive Enhancement Therapy, Cognitive Learning Strategies, Cognitive Scripts, Collaborative Virtual Environment, Colloidal Silver, Colorology, Color Therapy, Coloured Filters, Complementary and Alternative Medicine, Compliance Training, Computer-Assisted Instruction, Conductive Education, Conjoint Behavioral Consultation, Conjugate Prisms, Coping Cat Program, Corticosteroids, Craniosacral Therapy, Cuddle Time, Cybertherapy, Cyproheptadine, Daily Life Therapy, Daily Schedules, Dance Movement Therapy, Davis Autism Approach, Deep Brain Stimulation, Deep Pressure Therapy, Dejuan Mind-Body Intervention, Denver Model, Developmental Social-Pragmatic Model, Developmental Reflexive Rehabilitation, Developmental, Individual-Difference, Relationship-Based Model, Diflucan (fluconazole), Digestive Enzymes, Dimethylglycerine (DMG), Direct Instruction, Direct Synchronous Bonding, Diuretics, Discrete Trial Instruction, Dog Therapy, Dolphin Therapy, Doman Therapy, Double Helix Water, Douglas Developmental Disabilities Center, Downing Technique, Drama Therapy, EarlyBird Programme, Early Intensive Behavioral Intervention/Treatment, Earobics, EEG Biofeedback Therapy, Electroconvulsive Therapy, Electromagnetic Induction, Elephant Therapy, Elimination Diet, Emotional Freedom Technique, Emotional Shuttling, Energy-Based Therapies, Epsom Salts, Exercise, Exposure Package, Extended Breast Feeding, Eye Exercises, Eye Movement Desensitization and Reprocessing, Facilitated Communication, Famotidine, Fast Forward, Fecal Transplant, Fenfluramine, Flagyl (metronidazole), Feingold Diet, Field Control Therapy, Floortime, Frankfurt Early Intervention Program, Free/Exclusion Diet, G Therapy, Gentle Teaching/ignation and Play, Affective Attunement, Aldosterone Antagonists, Alert Program, Allopathy, Alpha Blockers, Alpha Lipic Acid, Alpine Learning Group, Ambient lenses, Amino Acid Therapy, Amphetamines, Animal Assisted Therapy, Antecedent Interventions, Antibiotics, Anticonvulsants, Antidepressants, Anti-Epileptic Medications, Antifungal Medication, Antidiuretic Hormone, Antihypertensive Medication, Anti-Oxidants, Antiviral Medication, Anti-Yeast Medication, Anxiolytics, Applied Behavior Analysis, Aquatic Therapy, Aromatherapy, Art Therapy, Ascorbic Acid, Aspirations Program, Assistive and Adaptive Technologies, Atomoxetine, Attachment Therapy, Atypical Antipsychotics, Audio Psycho Phonology, Auditory-Motor Mapping Training, Auditory Integration Therapy, Augmentative and Alternative Communication Device, Autism Preschool Program, Autism 1-2-3 Project, Autism MEAL Plan, Autism Rehabilitation Therapy, Autism Spectrum Disorder Classroom Design Kit, AutismPro System, Bach Flower Remedies, Balance Therapy, Bernardo's Forward Steps Early Intervention Programme, Berard Method, Berberine, Body Ecology Diet, Bio Feedback Training, Bonding Therapy, Borage Oil, Bowen Technique, Brain Balance Method, Brain Surgery, Brain Therapy, Bromelain, Brushing Technique, Byonetics Autism Program Technology, Calcium, Camels Milk, Camphill Movement, Carnosine Supplementation, Cartooning, Casein-Free Diet, Casting, Cell Salts, Cell Therapy, Cellular Zeolite, Cellulase, Chemet, Chelation Therapy, Chemical Castration, Child's Talk, Children's Unit for Treatment and Evaluation, Chiropractic Treatments,, Giant Steps, Glandular Therapy, Glasses, Goat Weed, Gluten-free Diet, Gluten-Free Casein-Free Diet (GfCf Diet), Greenspan Method, Haloperidol, Hanen Program, Healing Touch, HELP Programme, Hemisphere Specific Auditory Stimulation, Herbs and Homeopathic Treatments, Higashi School, Hippotherapy, Holding Therapy, Holistic Approach to Neurodevelopment and Learning Efficiency, Homeo-Biochemic Formulation Therapy, Horticulture Therapy, Hot bath, Hydrotherapy Hyperbaric Oxygen Therapy, Hypnotherapy, Imitation-based Interaction, Immunotherapy, Incidental Teaching, Individualized Support Program, Infrared Sauna Therapy, Initiation Training, Integrated Listening Therapy, Integrated Movement Therapy, Iridology, Intensive Teaching, Interactive Metronome, Irlen Lenses, Intravenous Immunoglobulin, Johansen Sound Therapy, Joint Action Routines, Joint Attention Therapy, Joint Engagement, Jakey-Olson Integrative Therapy, Kambo Medicine, Kaplan Lenses, Kaufman Method, Ketogenic Diet, Keyhole Early Intervention, Kinect Video Gaming, Klamath Weed, Language Acquisition through Motor Planning, Language Training, LEAP Model, Lightwave Stimulation, Lindamood-Bell Learning Processes, Linwood Method, Lithium, Low Phenylalanine Diet, Low Tryptophan Diet, Lutein-Free Diet, Marijuana, Meditation, Megavitamin Therapy, Magnesium, Magnets, Massage Therapy, Megavitamin Therapy, Melatonin, Melodic Based Communication Therapy, Mendability, Miller Method, Mind Reading Training, Mineral Supplements, Miracle Mineral Solution, Multiple Exemplar Training, Music Therapy, Naltrexone, Narrative Therapy, Naturalistic Teaching Strategies, Neural Therapy, Neurofeedback, Neuroleptics, Neuro-Linguistic Programming, Neuro-Respiratory Therapy, Nonverbal Reading Approach, Nystatin, Oculomotor Training, Occupational Therapy, Omega 3 Fatty Acids, Option Therapy, Oral-Motor Training, Osteopathy, Oxytocin Infusion, Packing, Paired Associative Learning, Paleolithic Diet, Parent Mediated Interventions, Patterning, Peer-Mediated Social Skills Training, Peer Training Packages, Perceptual Isolation Therapy, Pet Therapy, Pharmacotherapy, Phenol-Free Diet, Pheraplay, Photo Stimulation Therapy, Physiotherapy, Picture Exchange Communication System (PECS), Picture Rehearsals, Picture Symbols, Picture-in-the-Head Training, Pig Whipworm Larvae, Pivotal Response Model at University of California at Santa Barbara, Pivotal Response Training, Play Therapy, PlayWisely Program, Polyunsaturated Fatty Acids, Positive Behavioral Support (PBS), Prebiotics, Precision Teaching, Preschool Autism Communication Trial, Prevent-Teach-Reinforce Model, Princeton Child Development Institute, Probiotic Therapy, Problem Solving Education, Progressive Muscle Relaxation, Prompts for Restructuring Oral Muscular Targets (PROMPT), Prozac (fluoxetine), Psychoanalytic and Humanistic Play Therapy, Purine-Free Diet, Rage Reduction Therapy, Rapid Eye Therapy, Rapid Prompting Method (RPM), Rebound Therapy, Recreational Sports/Exercise, Reductive Package, Reflex locomotion, Reflexology, Reinforcement Systems, Reiki, Relationship Development Intervention (RDI), Religious Interventions, Removal of food dyes, Restrictive Environment Stimulation Therapy, Risperdal (risperidone), Ritalin (methylphenidate), Rosenfeld-Johnson Method, Rhythmic Entrainment Intervention, Response Interruption and Redirection, Rotation Diet, Samonas Sound Therapy, Sandplay Therapy, Sara's Diet, Sauna Therapy, Scotopic Lenses, Scotson Technique, Scottish Centre for Autism, Scripting, Secretin, Selective Serotonin Reuptake Inhibitors (SSRIs), Self-management Interventions, Sensory Integrative Therapy (Sensory Integration, SI, or SIT), Sensory Isolation Therapy, Sensory Learning Program, Sensory-motor Therapies, Serotonin and Norepinephrine Reuptake Inhibitors (SNRIs), Shaping, Sign Instruction, Small-Group Instruction, Siccacell Therapy, Social Communication, Emotional Regulation, and Transactional Support (SCERTS), Social Competence Intervention Program, Social Emotional Neuroscience Endocrinology Theatre, Social Pragmatic Communication Approach, Social Skills Groups, Social Stories, Socialization Related Classes, Son Rise, Specific Carbohydrate Diet, Speech Therapy, Squeeze Machine, STAR Program, Steiner Waldorf Approach, Stem Cell Therapy, Stimulants, Stimulus Preference Environment, Story-based Intervention Package, Structured Teaching, Structural Integration, Sugar free Diet, Surfing Therapy, Swing Therapy, Tai Chi, Teaching with Acoustical Guidance, Technology-based Treatment, Theory of Mind Training, Therapeutic Horseback Riding, Therapeutic Aquariums, Therapy Bags, Theory of Mind Training, Thought Bubble Training, Tinted Lens, Tissue Salts, Tomatis Method, Touch Therapy, Traditional Chinese Medicine, Trampoline Therapy, Transcranial Magnetic Stimulation, Transfer Factor, Treatment and Education of Autistic and related Communication-handicapped Children (TEACCH), Tricyclic Antidepressants, Tryptophan and Tyrosine Supplementation, UCLA Young Autism Project, Valproic Acid, Van Dijk Circular Approach, Verbal Behavior Analysis, Video Modeling, Virtual Reality, Vision Therapy, Visual Screening, Vitamin A, Vitamin B1 Vitamin B6, Vitamin B6, Vitamin B9, Vitamin B12, Vitamin C, Vitamin D, Voice Output Communication Aid, Vojta Method, Worm Therapy, Walden Early Childhood Programs, Water Shiatsu, Watsu, Weighted Blanket, Weighted Vest, Welch Method, Weston A. Price Diet, Wilbarger Technique, Yoga Therapy, Yoked Prisms, Z Therapy, Zeolite, Zinc, Zone Therapy

Let Us Help You Get Started!

For a limited time your child can receive our **speak™** starter kit at a helpful introductory rate.

Your kit will include:

- Approximately 2 month's supply of **speak™** (2 boxes/120 soft gels)
- Information packet
- Diary/log to track your child's progress



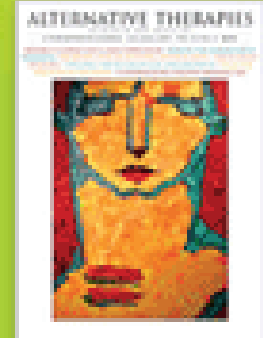
Value Special Starter Kit Price
\$ 139.90 **\$ 65.95 + S&H**

*New families only, limit one kit per family.

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NEW STUDY PUBLISHED!

New Research Study Shows 97% Of Children Improving With Omega-3 And Vitamin E Nutritional Formulation.



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**Brief Word
Of Caution**

<http://www.speechnutrients.com/Default.aspx>

Sold,
Recent
Overview

CLINICAL REPORT Guidance for the Clinician in Rendering Pediatric Care

American Academy
of Pediatrics



DEDICATED TO THE HEALTH OF ALL CHILDREN™

Identification, Evaluation, and Management of Children With Autism Spectrum Disorder

Susan L. Hyman, MD, FAAP;^a Susan E. Levy, MD, MPH, FAAP;^b Scott M. Myers, MD, FAAP;^c COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS

Academy of Pediatrics gateway to help the reader identify topic areas within the report.

Address correspondence to Susan L. Hyman. E-mail: susan_hyman@urmc.rochester.edu


INTRODUCTION

Autism spectrum disorder (ASD) is a category of neurodevelopmental disorders characterized by social and communication impairment and

To cite: Hyman SL, Levy SE, Myers SM, AAP COUNCIL ON CHILDREN WITH DISABILITIES, SECTION ON DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS. Identification, Evaluation, and Management of Children With Autism Spectrum Disorder. *Pediatrics*. 2020;145(1):e20193447

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PEDIATRICS Volume 145, number 1, January 2020:e20193447

FROM THE AMERICAN ACADEMY OF PEDIATRICS



Anxiety (Hagopian & Jennett, 2008)

“Anxiety is a constellation of responses that normally occur in the face of a potential threat. Broadly speaking, an anxiety disorder is characterized by a fear response that is out of proportion relative to the actual threat, and/or extreme in its intensity to the extent that it significantly disrupts the individual’s functioning.”



Anxiety

- Verbal report of unrest, discomfort
- Aversive physiological responses
- Subjective experiences (e.g., fear)
- Cognitions of worry/dread
- Overt behaviors, especially, but not always, those with an escape and avoidance function



Specific Diagnoses

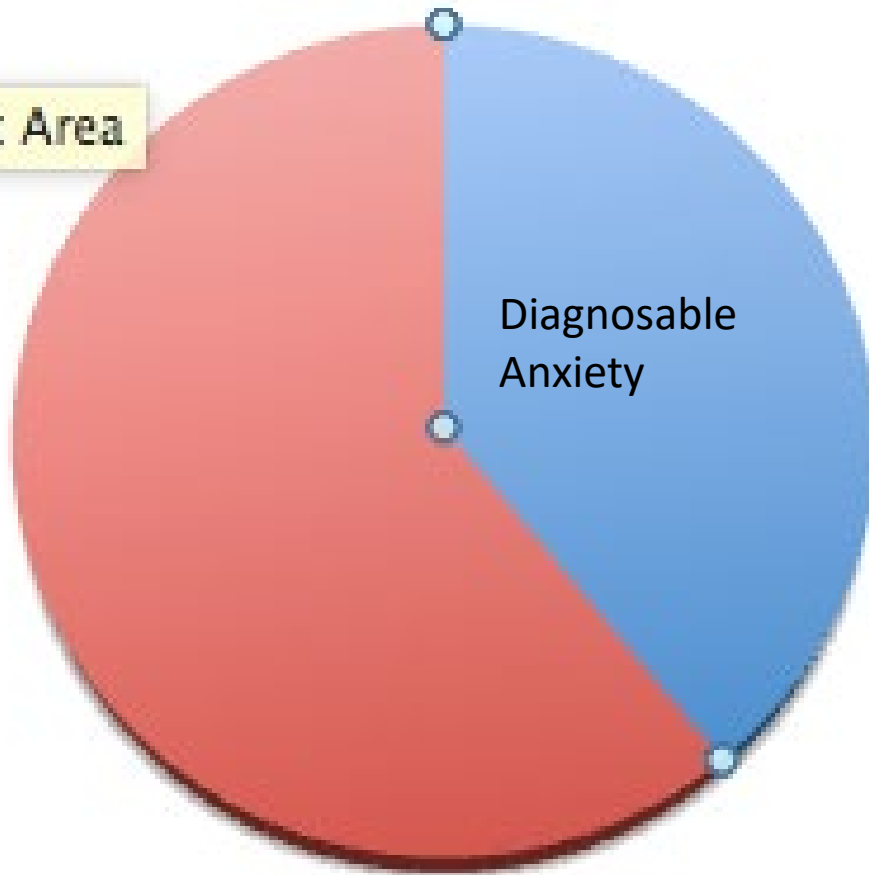
Anxiety Disorders (separation anxiety, selective mutism, specific phobia, social phobia, panic disorder, agoraphobia, generalized anxiety disorder)

Obsessive-Compulsive Disorders (OCD, body dysmorphic disorder, hoarding, trichotillomania, excoriation disorder)

Trauma and Stressor-Related Disorders (reactive attachment disorder, disinhibited social engagement disorder, PTSD, acute stress disorder, and adjustment disorder)

Why is this important?

Chart Area



Youth with ASD




39.6% of youth with ASD have at least one diagnosable anxiety disorder.

4. van Steensel FJ, Bögels SM, Perrin S. Anxiety disorders in children and adolescents with autistic spectrum disorders: a meta-analysis. *Clin Child Fam Psychol Rev.* 2011;14(3):302–317

Vasa et al., *Autism Research* (13) 2020

REVIEW ARTICLE

A Scoping Review of Anxiety in Young Children with Autism Spectrum Disorder

Roma A. Vasa , Amy Keefer , Rachel G. McDonald, Michelle C. Hunsche, and Connor M. Kerns 

Research on anxiety in children and adolescents with autism spectrum disorder (ASD) has burgeoned in the past 15 years. Most of the research has focused on school-age children, ages 6 to 18 years. Yet, recent studies suggest that anxiety can emerge in young children, under 6 years, with ASD. This scoping review synthesized the literature on anxiety in young children with ASD. Three domains of anxiety research were reviewed: (a) prevalence/severity, phenomenology, and course; (b) correlates; and (c) treatment. Four online databases were searched from the start of the database until March 2020. Keywords pertaining to anxiety, autism, and young children were entered. The search identified 44 articles for inclusion. These studies varied with respect to sample source, informants, and measures to assess anxiety. The overall prevalence of anxiety ranged from 1.6 to 62%. Sixteen of 17 studies found that young children with ASD had higher levels of anxiety compared to various control groups. A variety of DSM anxiety symptoms and disorders were present in young children with the most common symptoms being specific, social, and generalized fears. Correlates of anxiety included sensory over-responsivity, sleep disturbance, aggression/defiance, and attention deficit/hyperactivity disorder. Three cognitive behavioral treatment studies for anxiety and one developmental intervention targeting ASD symptoms showed promise in reducing anxiety. Findings indicate an early emergence of anxiety in some children with ASD. Further research on the measurement, pathophysiology, and treatment of anxiety in early childhood is critical to improving outcomes in children with ASD. *Autism Res* 2020, 13: 2038–2057. © 2020 International Society for Autism Research and Wiley Periodicals LLC.

Lay summary: This scoping review synthesizes the literature on anxiety in young children with autism spectrum disorder (ASD). Results indicate that children with ASD have higher levels of anxiety than children without ASD. Potential factors that could be contributing to anxiety include sensory, sleep, and behavioral problems. Preliminary studies show that anxiety can improve with cognitive behavioral treatment. These findings suggest that research on anxiety in young children with ASD should be prioritized to improve mental health outcomes.

Keywords: anxiety; autism; review; young children

Vasa et al., *Autism Research* (13) 2020

- Anxiety symptoms can worsen with age
- Significant negative impact
- Treating anxiety early = better outcome
- Interventions can be effective
- Correlates include **aggression, sleep difficulties, ADHD**, sensory over-responsivity, social and language functioning, GI functioning, eczema.

The relationship between intolerance of uncertainty and anxiety in autism: A systematic literature review and meta-analysis

Autism
2020, Vol. 24(8) 1933–1944
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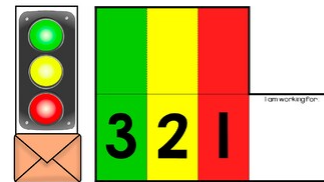
Richard Jenkinson¹, Elizabeth Milne¹ and Andrew Thompson²

Uncertainty

- Meta-analytic study
- + Correlation b/w IQ and Anxiety
- Supports our notion that visual supports, structure, and routines are supportive for many learners with ASD.

Proactive Support: Transitions

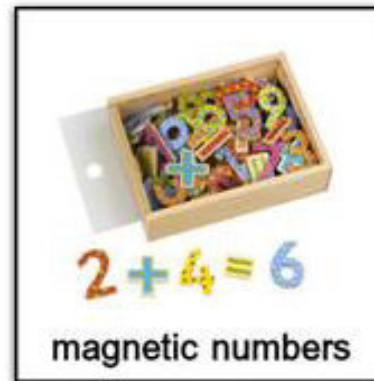
- Consider transitions as key moments of day
- Plan ahead (e.g., positioning)
- Work as a team (e.g., consult with teacher or consultant)
- Use transition supports
- Recognize that lasting progress is often gradual
- Encourage patience



Visual and Other Adaptive Supports



First



Then



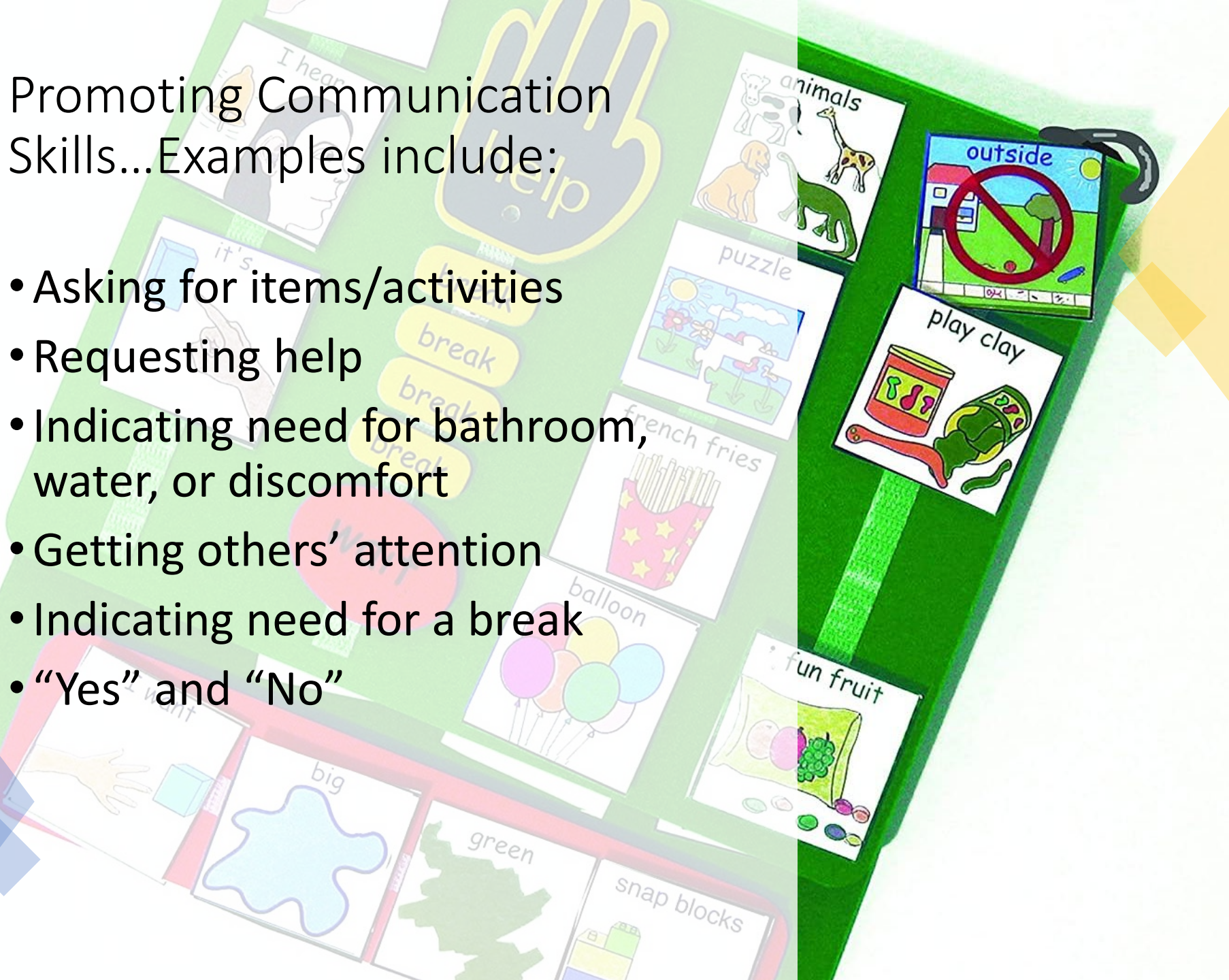
Choice Board

I WANT  please

					
Eat	Help	Watch TV	Read	Sleep	Color
					
					
Video Game	Toys	You Tube	Bike	Play	iPad
					

Promoting Communication Skills...Examples include:

- Asking for items/activities
- Requesting help
- Indicating need for bathroom, water, or discomfort
- Getting others' attention
- Indicating need for a break
- "Yes" and "No"





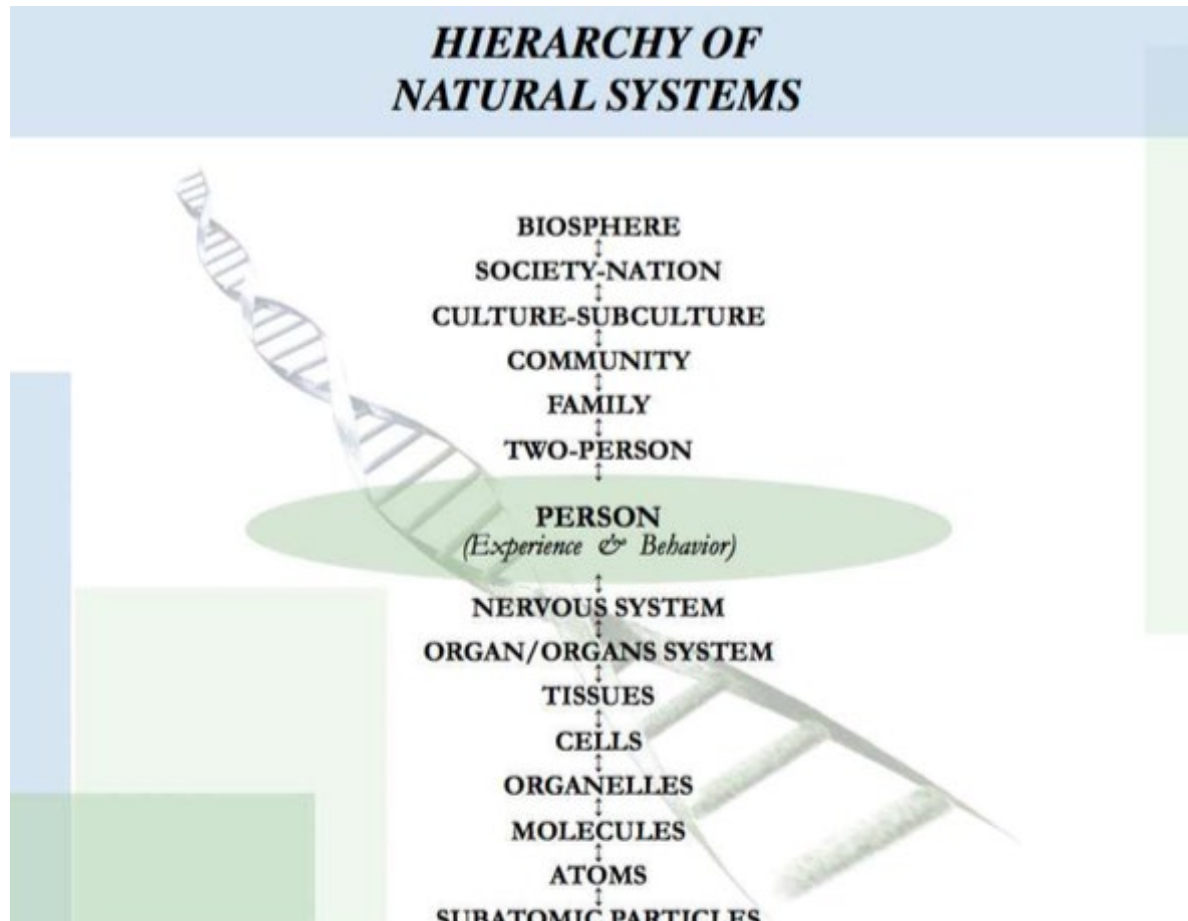
We have the potential to be positively impactful!

Secret Word

- Relax

Case Conceptualization

Biopsychosocial Model



Engel GL: The need for a new medical model: a challenge for biomedicine. *Science* 1977;196:129-136.

Engel GL: The clinical application of the biopsychosocial model. *Am J Psychiatry* 1980;137:535-544.



Multidisciplinary Effort

Individual

Family

Friends

Educators

Therapists

Medical Providers

Administrators

Recognition of Anxiety in Learners with ASD

- Discuss concerns with parents/caregivers
- Refer to a medical or psychological professional for thorough evaluation, particularly as relates to potentially “diagnosable” illness.
- Nonetheless, we know our students... and, with some diligence, we can recognize some of the sources of angst in their lives.

“Rule-Outs”

- Concerns related to mood (e.g., depression, grieving);
- Stereotypies (i.e., intense interest in behavior itself, rather than relief that it provides)
- Genuine disinterest in setting or activity (e.g., a teen who does not enjoy the store; dearth of reinforcement associated with event)
- Physiological status (e.g., hunger, **poor sleep**)
- Skill deficit (e.g., greeting, navigation)
- Medication effects
- Trauma

Scotty

-
- CA = +18
 - ASD +
Moderate ID
 - Vocational
training



Assessment of Anxiety-Related Behavior: Principles

- Take your time. Consider multiple visits and especially systematic exploration of presentation.
- Practice “developmentally appropriate” assessment.
- Consider range of behaviors that may be consistent with anxiety (not just escape/avoidance).
- A multi-informant/multiple sources of data approach will be critical.

Groden Stress Survey

THE STRESS SURVEY SCHEDULE FOR PERSONS WITH AUTISM
AND DEVELOPMENTAL DISABILITIES
The Groden Center, Inc.

Please rate the intensity of the stress
reaction to the following events by
filling in the appropriate circle:

	None to mild	Mild to Moderate	Moderate	Moderate to severe	Severe
1. Receiving a present.....	①	②	③	④	⑤
2. Having personal objects or materials out of order.....	①	②	③	④	⑤
3. Waiting to talk about desired topic.....	①	②	③	④	⑤
4. Having a change in schedule or plans.....	①	②	③	④	⑤
5. Being in the vicinity of noise or disruption by others.....	①	②	③	④	⑤
6. Waiting for preferred events.....	①	②	③	④	⑤
7. Having a cold.....	①	②	③	④	⑤
8. Being touched.....	①	②	③	④	⑤
9. Having personal objects or materials missing.....	①	②	③	④	⑤
10. Having a change in task to a new task with new directions.....	①	②	③	④	⑤
11. Going to the store.....	①	②	③	④	⑤
12. Being prevented from completing a ritual.....	①	②	③	④	⑤
13. Having a change in environment from comfortable to uncomfortable.....	①	②	③	④	⑤
14. Being prevented from carrying out a ritual.....	①	②	③	④	⑤
15. Moving from one location to the next.....	①	②	③	④	⑤

Symptoms in the Context of Development

BRAIN RESEARCH 1380 (2011) 255–263



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www.elsevier.com/locate/brainres

**BRAIN
RESEARCH**

Review

The treatment of anxiety symptoms in youth with high-functioning autism spectrum disorders: Developmental considerations for parents

*Judy Reaven**

*JFK Partners, Dept. of Psychiatry, University of Colorado School of Medicine, 13121 E. 17th Avenue/Campus Box C234, Aurora,
CO 80045, USA*

“Developmentally Appropriate”

- Consider how signs of anxiety may present in an individuals with varying levels of verbal and cognitive status.
- In children, for example, anxiety responses may take the form of aggression directed at “unrelated” others.
- Some individuals engage in behavior to avoid the onset of acute anxiety....Intuitively: “What do I need to do to avoid a panic attack?”



How would we react?
(Consider “Psychosocial Masking” and “Diagnostic Overshadowing”)

- Consider learner’s possible difficulties in reporting their anxiety and discomfort.
- Consider how professionals may overlook symptoms of anxiety in one with ASD and/or other IDD.

Legend

- CA = 15
- DX = ASD, Intermittent Explosive Disorder, ODD
- Setting = Specialized residential setting and school



In one sense, when anxiety is implicated as a cause for concern...

- The functional assessment is “easy”; it’s typically escape, avoidance, or termination of a noxious circumstance;
- But, as professionals and family members, we have a special task – identifying in very specific, operational terms, what elements of a circumstance is the individual escaping and avoiding?
- This is not always obvious or intuitive....so, don’t rush through your assessment process!

Stressor Occur in a Context

- Events at home or school
- Nutrition
- Sleep
- Task demands
- Ambient noise
- Unpredictable behavior of others
- Noxious smells
- Personal history, sometimes traumatic

Setting Events – Circumstances that influence the relationship between immediate triggers and an anxiety response.

When “anxiety” is part of your concerns for your student, pay particular attention to setting events that compromise physiological stress and/or decrease the individual’s ability to cope with immediate demands.

A. Pharmacological

side effects

main effects

recent change in medication or dosage

long term effect (e.g., tardive dyskinesia)

erratic or wrong administration of medicine

Setting Events

B. Physiological/Medical

poor sleep/fatigue

nutrition/eating habits

hunger/missed meals

sensory systems (e.g., vision, hearing)

constipation/diarrhea

dehydration/thirst

illness (e.g., flu, cold)

dental problems

infection (e.g., ear, sinus, urinary tract)

allergies

menses

lack of exercise

physical pain (e.g., headache)

hypothyroidism/hormonal changes

seizure

motor problems

neurological impairment (e.g., dementia)

chronic health condition

Setting Events

C. Environmental

academic demands (i.e., quality, quantity, pace)

noise

activity level

staffing pattern

independent vs. group activity

proximity of others (e.g., crowded)

transitions

time of day

boring setting

temperature hot or cold

music

location in room (e.g., back of class)

arriving late

multiple materials/need for organization

particular staff person

uncomfortable clothing (e.g., too tight)

disruption in routine

number of transitions

homework expectations

Setting Events

D. Mental Health

mood

anxiety

OCD/OCD-like

alcohol/substance abuse

personality disorder

schizophrenia/thought disorder

adjustment problems

history of trauma

Tourette's or Tic disorder

Setting Events

E. Social

prolonged hospital stay

change in school, classroom, teacher etc.

residential move

new person in home or someone leave

transportation problems

change in finances (e.g., loss of SSI)

physical or mental illness in family

bullied or teased

history of conflict with others

difficulty with a specific person

death of a family member or other

losing a game

dissatisfied (e.g., cancelled outing)

refused a desired object/activity

reprimanded

"made" to do something

exciting activity, albeit enjoyable

little opportunity to socialize with others

level of prompting/redirection by others

little opportunity to relax alone

denied access to object of interest or obsession

overhears comments about self from others

another person in vicinity engages in challenging behavior

sexual or romantic interest in another person

James

- Dx include ASD and OCD
- General Education Middle School
- Consider how others view behavior of concern; politely challenge when helpful
- Our intervention efforts include education and advocacy
- Monitor for behavior consistent with health and well-being
- Promote adaptive behavior (i.e., coping) through instruction



"He's a great historian!"





FIRST
CONSIDERATION IN
TREATMENT:

Coping Skills

- Functional communication
- Asking for help
- Requesting a break
- Self-management
- Identifying one's concerns
- Self-advocacy



Teach the Learner How to Use These Skills

THE MOST POWERFUL LEADERSHIP TOOL

POSITIVE REINFORCEMENT

5 KEYS FOR EFFECTIVE DELIVERY

#1
5 KEYS FOR EFFECTIVE DELIVERY

Make it PERSONAL
Reinforcement must mean something to the person receiving it.

#2
5 KEYS FOR EFFECTIVE DELIVERY

Make it IMMEDIATE
The longer you wait the less effective it is.

#3
5 KEYS FOR EFFECTIVE DELIVERY

Make it FREQUENT
If you're reinforcing correctly, it will never be too much.

#4
5 KEYS FOR EFFECTIVE DELIVERY

Make it SOCIAL
Any interaction without the use of gifts that lets the performer know that they are valued.

#5
5 KEYS FOR EFFECTIVE DELIVERY

Make it EARNED
It must be contingent on some accomplishment.

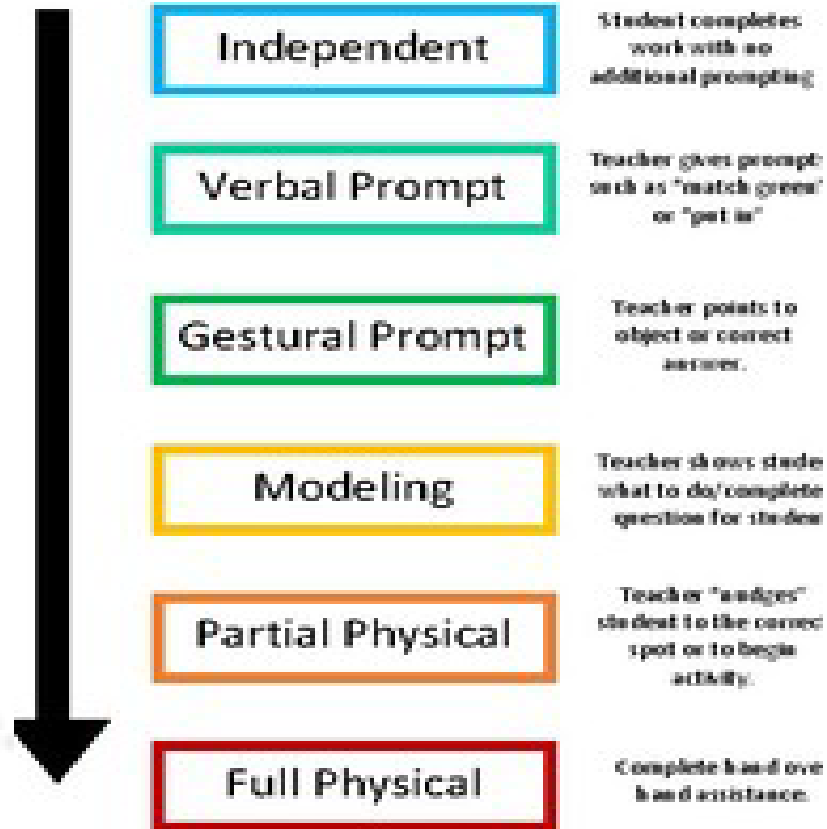
Become a more powerful leader by developing the skills necessary to deliver positive reinforcement effectively!

Learn More:
AUBREYDANIELS.COM/BRINGING-OUT-THE-BEST

ADI Aubrey Daniels International web: aubreydaniels.com e: info@aubreydaniels.com
blog: aubreydanielsblog.com e: www.precise.com e: info@aubreydaniels.com **Bringing Out the Best***

Prompting Hierarchy

(from least intrusive to most intrusive)



Prompting is the extra help we provide our learner, in order that they engage in the target behavior and receive the available reinforcer.



we should never do task completely for student, but hand over hand with the



Thoughtful use of the prompt hierarchy provides your students with opportunities to be increasingly independent and successful.

Initiate Supports Here: **Precursor Behaviors**

Monitor for precursor behaviors, as often these will be the signal to the individual and those around him or her to initiate a specific intervention.



Tony and his “No Schlicking” Behavior Plan

- CA = 9
- Dx = ASD + ADHD
- Self-contained 12:1:1 classroom
- Monitor for “multiply-driven” behavior that is mediated by an anxiety response.
- Consider, among other things, ways of supplanting the need to engage in the challenging behavior.
- Be active, not reactive... Watch for those precursor behaviors.



Treatment

- Antecedent Manipulation (e.g., environmental change)
- Positive practice
- Progressive Relaxation
- Problem-Solving
- Social Stories and Cognitive Picture Rehearsal

Cognitive Behavioral Strategies

Treatment of anxiety in autism spectrum disorders using cognitive behaviour therapy: A systematic review

Russell Lang, April Register, Stacy Lauderdale, Kristen Ashbaugh, & Anna Haring

Abstract

Objective: To review studies involving the treatment of anxiety in people with autism spectrum disorders (ASD) using Cognitive Behaviour Therapy (CBT) with the intent to inform practice and to identify areas for future research. *Methods:* Systematic searches of electronic databases, reference lists and journals identified nine studies. Each identified study that met pre-determined inclusion criteria was analysed and summarized in terms of: (a) participants, (b) intervention procedures, (c) dependent variables, (d) results of intervention and (e) certainty of evidence. To assess the certainty of evidence, each study's design and related methodological details were critically appraised.

Results: Positive outcomes were ubiquitous, suggesting CBT is an effective treatment for anxiety in individuals with Asperger's. However, data involving other ASD diagnostic sub-types is limited.

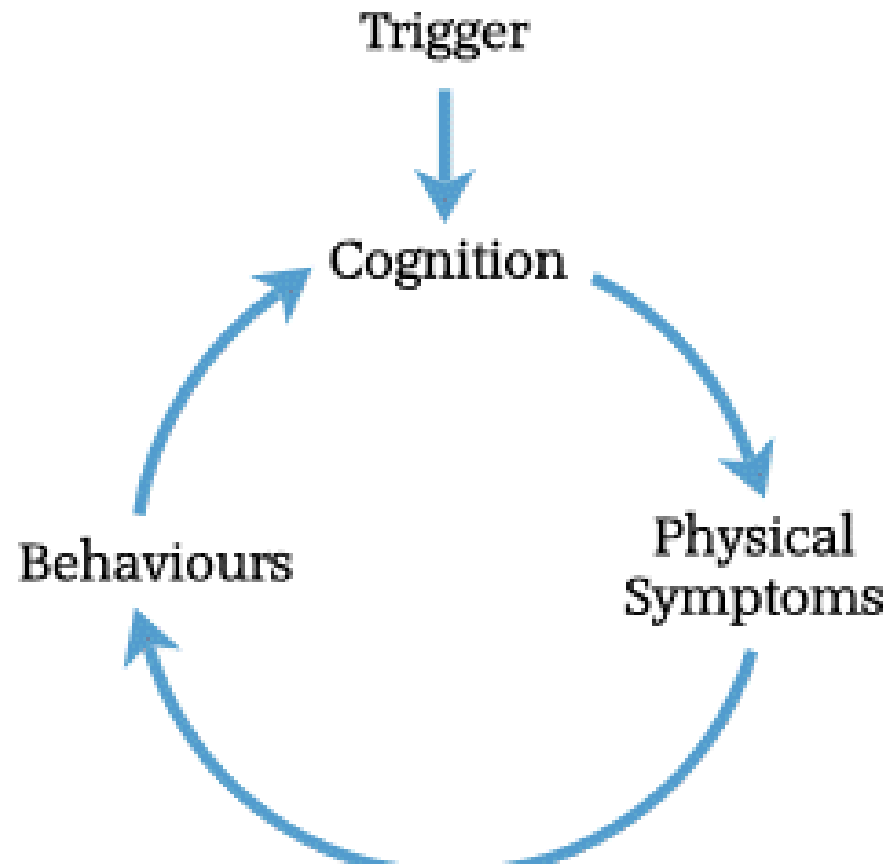
Conclusions: CBT has been modified for individuals with ASD by adding intervention components typically associated with applied behaviour analysis (e.g. systematic prompting and differential reinforcement). Future research involving a component analysis could potentially elucidate the mechanisms by which CBT reduces anxiety in individuals with ASD, ultimately leading to more efficient or effective interventions.

Keywords: *Cognitive behaviour therapy, Asperger's syndrome, autism, anxiety, systematic review, applied behaviour analysis*

CBT Model of Anxiety

- <http://psychtutor.weebly.com/anxiety-disorders-phobias1.html>

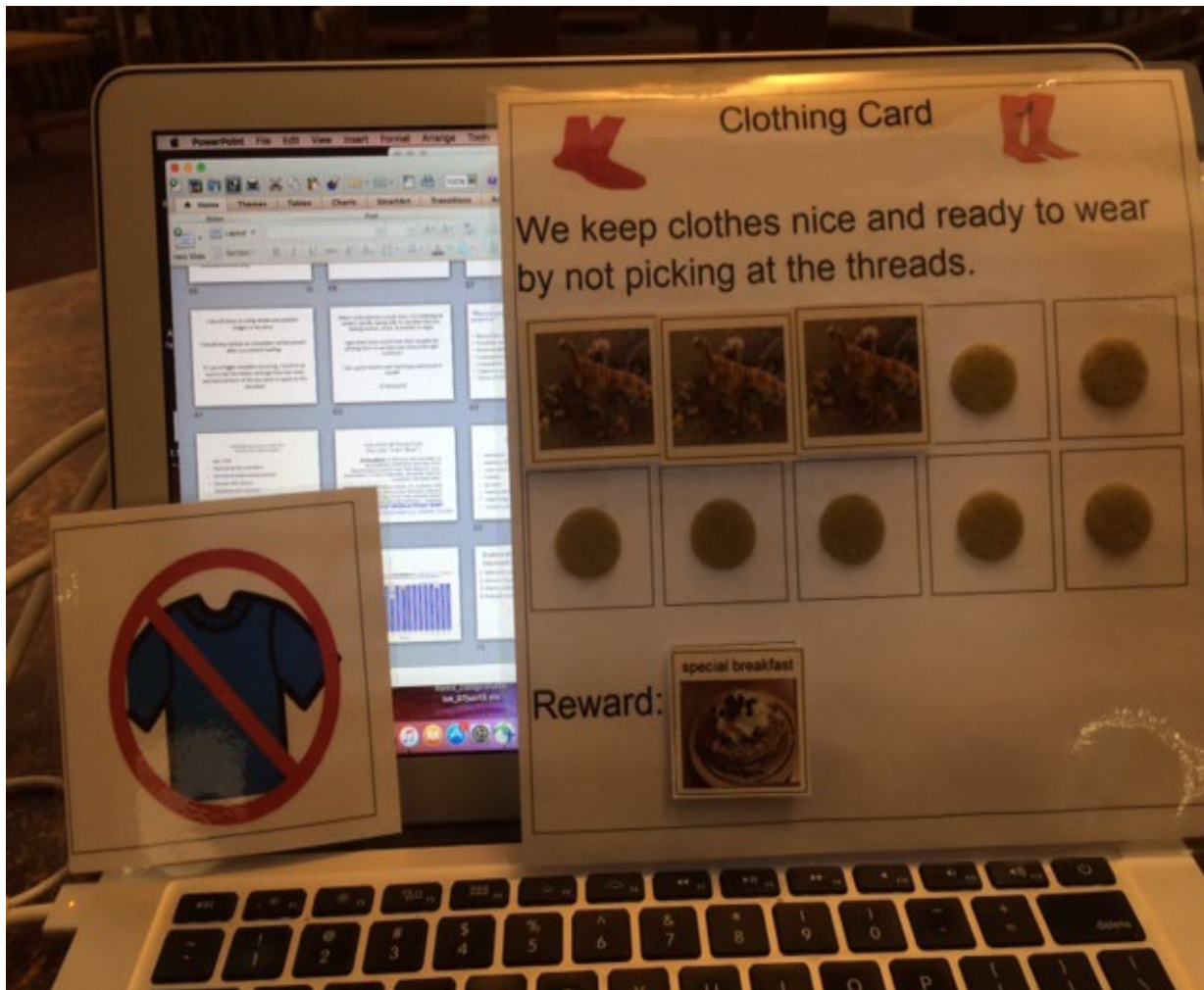
Model of Anxiety



Marla, CA = 11



Keep it simple.



Relaxation

A Comprehensive Manual
for Children and Adults
with Autism and Other
Developmental Disabilities

SECOND EDITION

June Groden
Leslie Weidenman
Amy Diller



Cognitive Picture Rehearsal (Groden)

A way of priming coping behavior, in anticipation of the occurrence of noxious circumstances.

CPR for Fire Drills

A--- When the fire alarm goes off, I know what to do!



B--- I.....

Take a slow breath and relax my muscles.

Say to myself, "It's OK. I can handle it."

I put my earplugs in my ears.

Walk to the door and stand in line.

Walk out of the school with my classmates.



C--- I did it! The fire alarm went off, and I stayed in control! I get a special coupon to take home to my Mom and Dad....I am proud of myself, and so are my teachers!



Second Secret Word

Gratitude

Teaching Relaxation Skills: Key Considerations

Skills can be taught like other skills (systematically!)

May take considerable time with no immediate benefit.

Generalization must be systematically promoted.

Use simple but objective data systems to monitor progress

- Teaching shallow breathing during relaxation exercises
- Allowing instruction to become a frustrating experience
- Teaching relaxation skills in-vivo before student is ready
- Not modeling the relaxation behaviors for student

Systematic Relaxation

Relaxation Training: Abbreviated Procedure

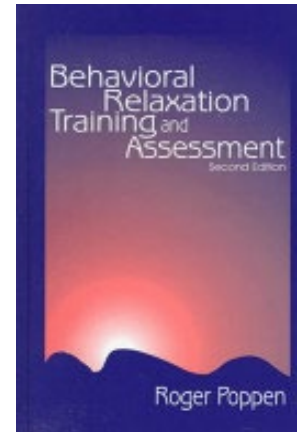
Date: _____

Trainer: _____

Target Duration of Relaxation: _____ seconds

- Hands on lap or arm rests
- palms down, fingers loosely curled
- Arms bent, resting on lap, table, arm rests
- Legs straight; feel flat on floor
- Breathing slower and deeper than baseline
- Positive Statement about self and/or circumstance
- Positive reinforcement delivered by Trainer for demonstration of skills

Poppen, 1988



Example of Relaxation Procedure

1. Back: Spine perpendicular to floor; back touching back of chair;
2. Head: Upright and motionless; nose in midline with body;
3. Arms: Bent approximately 120 at elbow with wrists resting on thigh
4. Legs: Straight & feet flat on floor with approximately 90 angle at knees & ankles
5. Eyes: Eyelids are lightly closed with a smooth appearance
6. Mouth: lips parted at center of mouth from 1/4 inch to 1 inch
7. Throat: Absence of motion
8. Hands: On armrest of chair or lap, fingers curled
9. Quiet: No vocalizations or loud respiratory sounds
10. Breathing: Slower than baseline

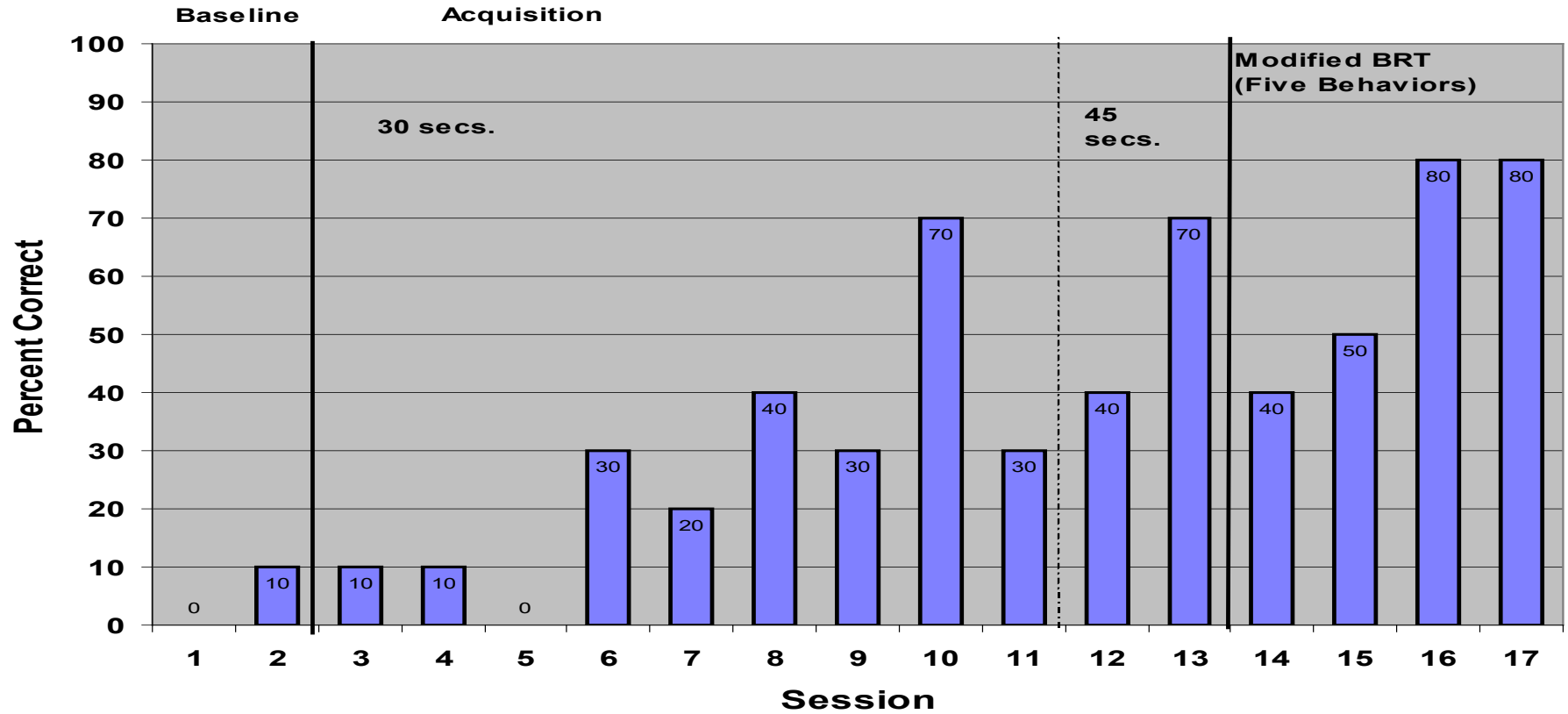
Poppen (1998), Behavioral Relaxation Training and Assessment (2nd Ed.)

Note: Program must be individualized. For many children, fewer steps may be taught. For example, “arms...legs...hands...breathing” may be taught.

Example of Relaxation Instruction: 8 Year-Old Male with Autism

Fig.1: Subject 1

Percentage of Correct Relaxed Behaviors During Probes



Important Note....

Correct implementation of systematic relaxation training requires considerable training and expertise. One would not be able to implement such a program based solely on today's presentation.

References for further study:

Groden, J., Cautela, J. R., Prince, S., & Berryman, J. (1994). The impact of stress and anxiety on individuals with autism and developmental disabilities. In E. Schopler & G. B. Mesibov (Eds.), *Behavioral issues in autism* (pp. 177 – 194). New York: Plenum Press.

Poppen, R. (1998). *Behavioral relaxation training and assessment* (2nd Ed.) Thousand Oaks, CA: SAGE Publications, Inc.

Problem-Solving Procedure

1. Define the problem.
2. Discuss (“brainstorm”) possible, tangible solutions.
3. Select a solution and implement it. Collect data.
4. Evaluate outcome and identify next steps.



GILBERT'S PROBLEM-SOLVING PROCEDURE

When I have a problem, I know what to do....

I stop and take a deep, slow breath....

I ask a trusted adult to help me, and....

I name the problem.

Then, I brainstorm solutions.... (At least two)...

And, I choose a solution....

And, I try it out!

If it works – GREAT!



Problem-Solving: Supports

- Notebook between classroom and counseling
- Be sure to agree on the goals
- Identify and respond to barriers
- Visual supports prompting problem-solving
- Modeling problem-solving
- Guided support of PS – when student is calm
- Reinforcement of PS behavior

Reframing and Attribution Shaping

- Habits of thinking are not forever
- Take positive steps to problem solve situation
- Taking action is good way to manage helpless feelings.
- People can choose the way they reframe a situation.
- Reframing the situation enhances a person's outlook and emotional/physical well being.



We have the potential to be positively impactful!

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Thank you!

I appreciate your time and attention, as well as your great service to learners and their families!

