

Helping Children with ASD to Cope Better in School Settings

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The Autism Spectrum

Pervasive Developmental Disorders

Autism

POD-NOS

Asperger Syndrome

Similarities = Difficulties in 3 areas:

- ✓ Social functioning
- ✓ Communication/language
- ✓ Restricted activities and interests

Anxiety in ASD

- Symptoms of anxiety are quite common in children with developmental disabilities
- Especially common in persons with autism
- Most common use of medication in persons with a developmental disability is to treat anxiety symptoms
- There are other ways we can help kids who are anxious

What Anxiety Looks Like in Children

- Avoids new experiences
- Withdraws
- Resists changes
- Prefers rules
- Narrows focus of attention
- Insists on doing things the same way every time
- Develops safe escape routes
- Increases repetitive behaviors and/or intensity of special interest
- Becomes irritable easily
- Becomes explosive suddenly

What is anxiety?

With contributions from:

Judy Reaven, Ph.D.; John March, M.D., Karen Mulle, BSN;

Phillip Kendall, Ph.D.; Jeffrey Schwartz, M.D.;

John S. Dacey and Lisa B. Fiore

And particularly: Karen Manassis, Ph.D. and her book:

Keys to Parenting Your Anxious Child

“I feel anxious when there is a variance between what I expect to occur and what actually occurs.”

“Anxiety is a volcano exploding in my head and then I get in trouble.”

“I am worried all the time. If I am ever not worried, I catch myself and start to worry right away...[because] I think...if I am not worried then I am forgetting something.”

Definitions (Manassis, 1996)

- **Fear** = “a strong, physical, mental, and emotional reaction to truly dangerous events”
- **Anxiety** = “fear in the absence of real danger”
- **Worry** = preoccupation with frightening and upsetting aspects of experience, often anticipated and not yet experienced

Definitions (cont.)

- **Brave behavior** =
 - Facing fears
 - Tolerating anxiety
 - Letting go of worries
 - Riding out panic

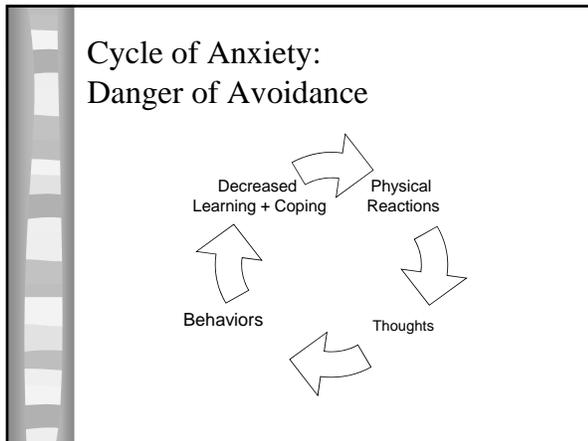
Biology of Anxiety

- **Fight or flight reaction** in response to threat
 - Important for evolution and survival
 - Physical, psychological and emotional
- **Sympathetic nervous system** gets activated
 - Hormones (like adrenaline) rush in
 - Heart beats faster, breathing becomes faster and more shallow
 - Blood is directed to large muscles, away from peripheral systems

Biology of Anxiety (cont.)

- **Psychologically** – pick up on physical sensations and:
 - Feeling of great urgency
 - Thinking gets rapid
 - Attention gets overly focused on danger
 - Experience fear and anger; possibly panic

**Avoidance leads to
more anxiety!**



How do you know that help is needed?

- If anxiety significantly interferes with individual's ability to participate in developmentally-appropriate activities

Tips for Helping a Child Face Fears

Fear becomes anxiety when...

- It is not realistic
- It is overgeneralized
- The individual works really hard to avoid facing it, and the effects spiral

Children may need to behave with less fear before they feel less fear!

Facing fears

- Desensitization – if the child can remain in the feared situation until the fight-or-flight response subsides, the response will be less intense next time
- Mastery comes from hanging in, not avoiding.
- Talking through anxieties may not help, may just focus child on fears and lead to obsessing...action is better than talking

Encouragement

- Validate the child's feelings
 - Say: "it must seem scary"
 - Don't say: "don't be afraid of that."
- Do not exaggerate child's fears/worries
 - Say: "it's a little scary"
 - Don't say: "it's the scariest thing ever"
- Express confidence in child's ability to cope
 - Say: "You can handle it."
 - Don't say: "I'll handle it for you"

2 Types of Desensitization

- Flooding – sudden, intense exposure
- Systematic – gradual, hierarchical exposure, from easy to difficult

Flooding is usually not recommended for children with intense fears, but when it happens naturally it can be very therapeutic

Exposure Hierarchy – Example: Fear of Cats

- Looking at pictures of kittens for 2 minutes (then 5 minutes...)
- Looking at pictures of cats for 2 minutes (then 5 minutes)
- Looking at a real cat through a closed window
- Looking at a real cat, no window, 10 feet away
- Looking at a real cat, 5 feet away (then 2..)
- Walking past a cat (proximity is close)
- Touching a cat
- Petting a cat

Tips for Gradual Sensitization

- Allow child to determine when to advance to next step in hierarchy
- Encourage partial success – build confidence; not all or nothing
- Help child face fears as soon as possible – more time leads to more anticipatory anxiety and avoidance

Tips (cont.)

- Works best if exposures occur daily, in small, manageable steps
- Encourage child to stay in feared situation for up to 20 minutes (how long it takes for anxiety to subside); otherwise, you are teaching escape

Rewards for Brave Behavior

- Praise and natural consequences will probably be the most powerful reinforcers for brave behavior
- If "artificial" incentives are used (e.g., stickers):
 - Don't overdo it – we want the child to perceive self as intrinsically motivated
 - Keep it simple
 - Use frequent, small rewards

- Provide regular doses of information about the event and encourage the child to listen – this encourages habituation
- If child becomes distressed, encourage and use distracting techniques (later)
- Add some “real” exposure – visit the doctor’s office (but no shot), visit hairdresser, (but no haircut)

Tips for Helping a Child Let Go of Worries

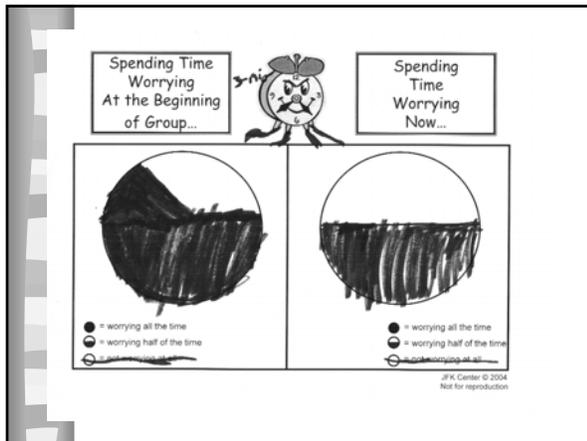
- ### How to Help a Worried Child
- Distraction with a favorite activity – but not too much; also need to face worries and let them go (like fears)
 - Demonstrate that worries are cognitive distortions – thinking that is out of balance



- ### When a Child is Worried...
- Do not try to convince them, just give them a reality check
 - If it is a realistic fear, do something about it
 - If it is a worry that is unrealistic, use coping self-talk

- Label the anxiety or worry
 - Makes it concrete
 - Makes sense of physical sensations and may reduce discomfort
 - Makes it external and therefore manageable—

Not: “I am the problem”,
But: “I have a problem”



Relaxing the Body

- Teaching deep breathing
- Tense and release
- Exercise

Promoting Independent Coping

- Use naturally occurring situations to encourage the child to ask self coping questions
- Child is more likely to succeed when anxiety is mild
- Try to avoid giving answers to the child – instead support their efforts to ask and answer the questions

Tips for Helping a Child who Panics

Panic

- Extreme response to an anxiety-provoking event
- Usually happens after onset of phobias
- Intense, unpleasant physical and mental experience
- Can lead to child wanting to avoid more situations

Physical Symptoms

– Abdominal pains	– Heart palpitations and/or rapid heartbeat
– Chest pains	– Quick, shallow breathing
– Chills or feeling hot	– Shaking
– Feeling dizzy or faint	– Shortness of breath
– Frequent need to urinate	– Suddenly feeling hot or cold
– Nausea and vomiting	– Sweating
– Numbness or tingling feelings	

Psychological Symptoms

- Feeling detached and removed from events and others
- Feeling a sense of “unrealness”
- Feeling out of control
- Feeling crazy
- Feeling like you’re going to die
- Feeling terrified of being terrified

Do’s

- Empathize with physical experience
- Fight back with facts – it’s temporary, it always goes away
- Give alternative, helpful thoughts to replace negative ones
- Remind child to use tools – distraction, changing focus of attention, relaxation
- Show that life goes on
- Tell her how brave she is

Don’t....

- Panic

Prevention of Panic

- Increase exercise – physical benefits and psychological benefits to feeling fit and strong
- Monitor diet
- Get enough sleep
- Teach “Body checks” – teaching the child to monitor his breathing and muscle tension on a regular basis
- Teach basic body calmers – teaching the child to breathe deeply, relax muscles, visualize pleasant situations
- Teach thought stopping – teaching the child to stop negative thoughts that spiral into panic

Provide Additional Supports to Promote a Sense of Competence

- Teach assertiveness skills
- Teach social skills
- Provide tutoring for an area of academic weakness
- Adjust child’s schedule to include more things he is good at and fewer things that are exceedingly difficult

When Panic Happens

- Don’t fight it, let it “wash over you”
- Seek distraction – examine something or count something or remember something
- Concentrate on things around you – not on yourself
- Know panic symptoms are temporary
- Also remember that this will happen again

Conclusion

- Anxiety can be manifest as fears, worry, or panic
- Anxiety is biological and psychological
- Children can learn to feel more competent in managing their anxieties

With Appreciation to Parent Leaders in our Community

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- Brian Wolff for project logistics
- Corry Robinson for leadership and institutional support

For more information:

- www.jkfpartners.org
- Coming soon: www.telecopes.org
- To find out about current study: contact kristen.kaiser@ucdenver.edu

Coming Soon! Our treatment manuals are being published!
Facing Your Fears Group Therapy for Managing Anxiety in Children with High-Functioning Autism Spectrum Disorders By Judy Reaven, Ph.D., Audrey Blakeley-Smith, Ph.D., Shana Nichols, Ph.D., & Susan Hepburn, Ph.D.



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