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Issue 18

## Anxiety and Students with ASD

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Anxiety can be defined as a state of distress or uneasiness caused by the fear of something bad that might happen. A large number of individuals with ASD suffer from anxiety, apprehension, and worry with as many as 35% meeting DSM-IV diagnostic criteria for at least one specific anxiety disorder (e.g., generalized anxiety disorder, specific phobia, panic disorder, separation-anxiety disorder, or obsessive-compulsive disorder)<sup>1</sup>. Children and adolescents with ASD are particularly prone to anxiety states if they have pervasive problems accommodating to the world around them. Other individuals with ASD may experience excessive worry under more specific conditions including: (a) novel social situations, such as having to meet strangers, (b) circumstances where their daily routine is significantly changed or they are surprised, (c) when confronted by particular, unpleasant sensory sensations, such as hearing a baby cry or seeing flashing lights, or (d) when exposed to certain social stressors, such as teasing, bullying, or peer rejection. Despite the high prevalence of co-morbid anxiety disorders among individuals with ASD, these disorders are not diagnosed or treated as often as they are in patients without ASD.<sup>2</sup>

The experience of anxiety among students with ASD appears to be related to some degree to their level of intellectual development and cognitive style. For example, younger children with ASD or those who have intellectual limitations are more prone to *exposure anxiety* which is an acute social claustrophobia unrelated to shyness, lack of confidence, or fear of embarrassment or failure. It is caused by a chronic, acute fight-flight response triggered by feeling trapped by exposure to stressful situations initiated by others and results in extreme avoidance, diversion tactics, retaliation responses, or other defensive reactions. Children with exposure anxiety may struggle to tolerate physical contact, the invasion of other people's smells or noises, the requirement that they remain seated or confined to a certain area, or activities that involve the potential for others to force them to face or do things they do not want to. In addition, these children often manifest impairments in communication and self-help, which, in turn, prevent them from effectively expressing their anxieties and, consequently, provoke frustration-related self-injurious or aggressive behaviors.

Conversely, the experience of anxiety among higher functioning individuals with ASD may have more to do with their impairments in executive function and lack of sufficient cognitive flexibility to generate effective strategies to manage varying situational demands. As a result, they may manifest distress over trivial changes in the environment. Higher functioning students with ASD may also struggle to cope and solve problems effectively because of their inability to integrate information into a meaningful whole (i.e., see the *big picture*); a difficulty termed *weak central coherence*.<sup>3</sup> This information processing style, which is also typical of non-ASD, anxious children, involves selective attention to *possibly* threatening cues resulting in the routine misinterpretation of ambiguous or neutral situations as threatening because of the failure to view these situations from a more global perspective.<sup>4</sup>

An important reason for distinguishing between exposure anxiety and anxiety resulting from executive function deficits is because different treatment approaches are indicated. With exposure anxiety, the student is typically more emotionally labile and, consequently, a preliminary step in assisting them is to try to intervene *before* their anxiety level gets too high (i.e., redirect them) or, if we have not noticed the increasing anxiety soon enough and they have lost control, it is best to give space, encourage, and refocus them (cf., the anxiety curve model in the "Behaviour Strategies" section for more detail). Students whose anxiety is tied more to cognitive processing difficulties or distortion are usually less affectively volatile and often need to be coached to actively confront their anxiety-provoking situations rather than being redirected away from them. For such students, cognitive-behavioral techniques (e.g., systematic desensitization) that help them identify and alter thought patterns to effect a constructive change in behavior and emotion can be very helpful.<sup>5</sup>

If you suspect that your student with ASD is exhibiting significant difficulties with anxiety, please consult with your school's Resource teacher or psychologist.

Dr. Andrew Bennett,  
Psychologist

**References:** <sup>1</sup>Gillott, A., Furniss, F., & Walter, A. (2001). Anxiety in high functioning children with autism. *Autism*, 5, 277-286.; <sup>2</sup>Davis, E., Saeed, S., Antonacci, D. (2008). Anxiety disorders in persons with developmental disabilities. *Psychiatric Quarterly*, 79, 249-263.; <sup>3</sup>Frith, U. (1998). *Autism: Explaining the enigma*. Oxford. Blackwell.; <sup>4</sup>Ooi, Y., et al. (2008). Effects of CBT on anxiety for children with HFA. *Singapore Medical Journal*, 49, 215-220.; <sup>5</sup>Sofronoff, K., Attwood, T., & Hinton, S. (2005). A trial of CBT intervention for anxiety in children with Asperger's Syndrome. *Journal of Child Psychology & Psychiatry*, 46, 1152-1160.

## Communication Corner

Students with High Functioning Autism or Asperger's Syndrome have difficulty in social situations, often as a result of limitations in social understanding. They have difficulty understanding why people do what they do, recognizing the impact that their behaviours have on others and predicting another person's behaviour. The absence of these skills can cause confusion and often leads to anxiety.

Adults working with students with ASD try to teach them how to interact appropriately and explain social information when they are displaying inappropriate behaviours. We often hear parents and teachers telling a child to use "an indoor voice" or "people don't like it when you get too close". This type of response does little to change the behaviour of our students.

The **Incredible 5-point Scale** (Buron & Curtis, 2003) was created to help students on the Autism Spectrum understand social and emotional concepts by using a visual system. Many students with autism learn best when taught using visual and predictable routines.

In fact, many students are driven to create their own rigid systems when one does not exist. The 5-point Scale uses a scale of 1-5 to break down a concept into understandable units. It helps create a "black and white" description of "gray information". The use of the 5-point Scale has been successful in teaching students to use appropriate volume when speaking, keeping personal space, appropriate touching and how to recognize and manage their own feelings and anxieties.

To learn more visit the website [www.5pointscale.com](http://www.5pointscale.com). The book is also available to borrow through the ASD library.

Helene Packman,  
Speech-Language Pathologist

**References:** Dunn Buron, K. and Curtis, M. (2003). *The Incredible 5-Point Scale—Assisting Students with Autism Spectrum Disorders in Understanding Social Interactions and Controlling Their Emotional Responses*. Shawnee Mission, KS: Autism Asperger Publishing Company.

Dunn Buron, K. (2006). *When My Autism Gets TOO BIG!* Presented at the Geneva Centre for Autism's 22nd Annual Summer Training Institute, Toronto, ON



### IS BIGGER BETTER?

Sensory modulation and anxiety are often closely related in individuals with an ASD. The protective or evaluative role of our sensory systems alerts us when we are in contact with danger and triggers our body to react against potential harm (e.g.: quickly pulling out our foot from a shoe when we feeling something unpredictable in it). This leads to a "fright, flight or fight" reaction, accompanied by physiological responses (e.g.: sweating, dilatation of pupils, etc.) to support survival. In the same way, anxiety provokes individual physiological changes in the body and may greatly impact our reaction to events, functional participation and quality of life. Overall, regulatory sensory processing helps us to regard/disregard, to seek out/avoid sensations, to maintain/increase feelings of comfort, excitement, rest, and positive interactions with people and objects. In addition, it allows us to avoid what is painful, uncomfortable, or stressful. In particular, sensory modulation allows us to take in and balance all incoming sensory information, so that our response (degree, intensity and quality of response) matches the ongoing requirements of an evolving situation.

When sensory modulation is intact, we respond automatically, efficiently and comfortably to particular situations and environmental demands. We are flexible, adaptable, and recover easily from unpredictable events. However, individuals with ASD frequently present with sensory modulation disruption, which impacts their state of alertness and readiness to respond. Their threshold to certain sensory input may be lower, which means that they will react faster and more intensely to

## Teacher Tips: IEP writing

Specific and measurable goals are important when writing Individualized Educational Plans. To achieve this, you can use the S.M.A.R.T. strategy suggested by the Manitoba Education and Training Minister in the outstanding guidebook, **Individual Education Planning: A Handbook for Developing and Implementing IEPs**:

**Specific:** writing in clear, unambiguous language

**Measurable:** allow student achievement to be described, assessed and evaluated

**Achievable:** realistic for the student

**Realistic and relevant:** meaningful for the student

**Time-limited:** can be accomplished within a specified time period

For more information, a wealth of tools and printable checklists visit:

<http://www.edu.gov.mb.ca/k12/specedu/iep/>

## OT Corner

certain events. Therefore, even minor sensory events may create fluctuating levels of stress and anxiety. Additionally, they may take longer, or not habituate at all to sensory input.

Constantly anticipating uncomfortable, aversive reactions to sensory input may, over time, lead to anxiety. In fact, one type of sensory modulation challenge is known as an *Over-Responsive-Fearful-Anxious Pattern*. Moreover, individuals with ASD sometimes present with motor planning and execution challenges, which, over time, create frustration and anxiety about environmental demands. When the challenge required within a given situation is too high compared to their abilities or skill level, they may face discouragement and anxiety. Furthermore, the same way regulatory sensory processing challenges may create anxiety, anxiety may also exacerbate sensory-based challenges. When an individual with sensory-based difficulties is tired, ill, lacks sleep, is stressed about a particular upcoming event, undergoes a transition period, faces higher demands, etc., an increase of sensory-based symptoms or reactions is often temporarily noted. Therefore, it is important to look at the global picture of events across the different environments in which the student evolves in order to identify what factor or combination of factors may be at the basis of his/her anxiety and/or change in regulation. This is best done as a team. Intervention using a sensory-based approach is possible when we understand how certain kinds of events either disrupt the student or contribute to his/her recovery from disturbing events.

Joëlle Hadaya, erg.,  
Occupational Therapist

## Read All About It!



Anxiety is a trigger for many of the behavioural outbursts of students who have an Autism Spectrum Disorder. For both elementary and secondary students alike, worries about making mistakes, changes to the routine, being overwhelmed with sensory stimuli, and not understanding instructions can make it extremely challenging to concentrate on the routines and activities of the school day.

Kari Dunn Buron addresses anxiety and strategies to help students cope in two different books. **“The Incredible 5-Point Scale”** (Buron & Curtis, 2003) is an excellent book that helps students with ASD to understand social interactions and, in turn, to control their emotional responses. A 5-point scale is used to assist students in identifying and recognizing the different levels and intensities of their emotions in a very concrete and visual way. This book can be adapted to meet the needs of many different age levels.

The second book, entitled, **“When My Worries Get Too Big!”** is a terrific tool for students in elementary school. It teaches them to identify stressors in their lives and to use relaxation strategies to help them cope with situations that may cause anxiety. The 5-point scale is also used in this book so that students can more clearly visualize and differentiate feelings of calm and relaxation from feelings of worry.

Both these books can be borrowed from the ASD Library. Please consult the website or contact your Consultant for Autism for more information.

**References:** Buron, K.D. (2006). *When My Worries Get Too Big!* Kansas: Autism Asperger Publishing Company.

Buron, K.D. & Curtis, M. (2003). *The Incredible 5-Point Scale*. Kansas: Autism Asperger Publishing Company.

## Behavioural Strategies

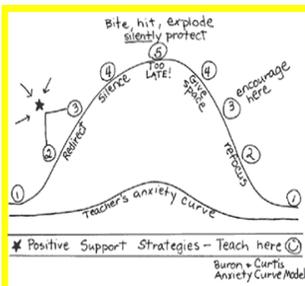
When a student with an ASD displays negative behaviours, school staff may often report that the behaviour “came out of nowhere”. Although it is true that it may be challenging to pinpoint the triggers of meltdowns or tantrums, as a rule of thumb, all behaviours occur for a reason. In short, every behaviour has a **function**.

Working with these students often means putting on our ‘detective hat’ to investigate *why* certain behaviours are occurring. The more we understand what caused the behaviour, the better we can implement preventative strategies to deter negative behaviours and help our students be successful during their day.

*Level 1* on the curve is when everybody is calm. This is when teaching takes place. *Levels 2 and 3* indicate increasing anxiety. This is the time to use positive behavioural supports such as redirection, prompting to refocus etc. Using our “detective hats”, we must learn to identify the subtle indications of anxiety so that we can de-escalate the situation before it is too late. If we do not recognize these signs, the child will reach a 4 (heightened anxiety) where it is a good idea to stay silent and model calming strategies. Constant redirection at this level can lead to a 5 (explosive behaviour), at which point it is too late. The child may start to hit, bite, kick etc. and it is best to remove the child *safely* from the environment and protect them *silently*. We must allow physical and auditory space so that s/he may start to come down to a 4 again. It can take up to 10–15 minutes of silence before they can handle any verbal input. When the child comes down to a 3 you may start to reassure and encourage him/her, without discussing the incident, and finally at a 2 you may start to redirect him/her back to the task at hand.

It is also important to remember that as the child’s anxiety increases, so does that of the teacher or parent. In a crisis, we must try to control our *own* anxiety in order to help diffuse the child’s. The silence will help you use your *own* relaxation strategies to calm down.

**Reference:** [www.5pointscale.com](http://www.5pointscale.com)



An excellent tool to use in order to visualize the escalation of explosive behaviour is the **Anxiety Curve model** developed by Buron and Curtis. This model illustrates the power of anxiety to influence behaviour. It is based on the concept of the 5 Point Scale (cf., the “Communication Corner” for more detail) as it shows the escalation of anxiety leading up to the behaviour (1–5) as well as the de-escalation phase (5–1).

### Try This!

When dealing with challenging behaviours, the **Anxiety Curve Model** can be used to come up with your behaviour plan. Simply draw your curve and insert empty boxes beside each number on the curve. Teachers can then describe the detail of what a behaviour looks like at each level of anxiety on the left side of the curve and what the caregiver should do. For example:

**Level 1** – The student is calm and teaching can occur here.

**Level 2 and 3** – Identify triggers of anxiety, e.g. loud noises, change in schedule.

What does anxiety look like? What do they say or do when anxious e.g. bang desk.

Redirect, refocus, prompt student calmly.

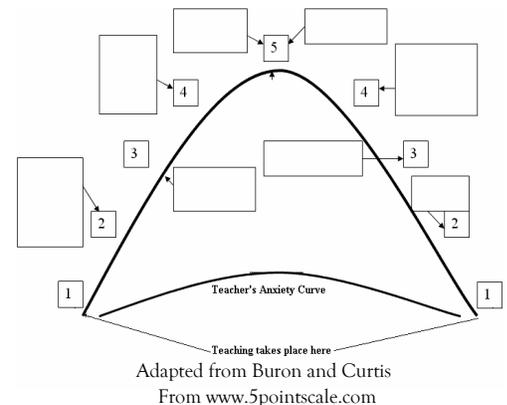
**Level 4** – Student cannot process verbal direction or make choices here.

Use calming strategies or relaxation techniques quietly and calmly.

**Level 5** – What might the child do? E.g. hit, bite, run away, pull a fire alarm.

Take the child somewhere safe and stay *silent*.

The other side of the curve describes what the child may need to return to the daily routine. Be sure to share this information with other staff members so that everyone knows the early signs of anxiety and the explosive behaviours we are trying to prevent. Finally, this visual reminds caregivers to be aware of their own anxiety when de-escalating a situation.





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Our team is comprised of many professionals with a variety of specializations. Designated as a Centre of Excellence within the province, our mandate is to assist LBPSB schools in the implementation of best practices for the inclusion of students with an ASD and to serve as a resource to the other English school boards in Quebec. Our team provides assistance to students and families and works to support educational personnel in augmenting their capacity to meet a wide range of needs in the classroom. We do this through direct intervention, coaching, consulting, professional development, and the sharing of materials.

We're on the web!

<http://www2.lbpsb.qc.ca/eng/asdn/index.asp>



### CONGRATULATIONS!!

*It is with great joy that we announce that Jade Lawsane is going to be a mommy again at the end of the month! We wish her all the best for another beautiful and healthy baby!*



### Coming Soon!

### WWW

The Center of Excellence for Autism presents a full-day Conference for teachers, professionals & support staff with **Josée Roy on May 15th, 2009**. Registration forms were made available to schools. Check out our website for more information.

The ASD team is proud to announce its 3rd Parent & Professional Seminar with **Josée Roy on May 12th, 2009**.

On **April 23-24, 2009** the **Abe Gold Learning and Research Centre** presents: David W. Evans Ph.D., Norman Doidge M.D. and Harriet Greenstone Ph.D. at Le Chateau Royal. For more information visit: [www.goldlearningcentre.com](http://www.goldlearningcentre.com)

One of the most effective ways in reducing anxiety for students who have an ASD is through the use of visuals. Visuals help students to understand what is expected of them, help them to predict what will and will not happen during their day, and helps cue them on different strategies that they can use when a problem arises in their learning and social environment.

The site [www.usevisualstrategies.com](http://www.usevisualstrategies.com) features products that can be purchased, articles on how and why to use visuals, as well as downloadable and printable pictures that can be used in the classroom.

### Hot Off The Press

The Winter 2008 issue of Autism Spectrum Quarterly features an article called *Treatment Options for Neurotypical Denial Disorder* (p.16 – 17) written by James Foley and Diane Twachtman-Cullen. This article gives a completely new perspective on understanding and accommodating to meet the needs of individuals who have an ASD. It is based on the image of “a world in which individuals with autism spectrum disorders constituted the population norm and neurotypical individuals were considered disordered and in need of treatment.” With this in mind, strategies are offered to help us to be better communicative partners in our everyday interactions and to be more understanding of individuals who have an ASD. Written with humour, this article provides many practical and easy-to-implement strategies.

This issue of Autism Spectrum Quarterly can be borrowed from the ASD library. For a subscription to this magazine, please visit the website [www.autismtoday.com](http://www.autismtoday.com).

***Thank you to Nicole Guy, Lester B. Pearson Career Advisor and students from Pierrefonds Comprehensive High School for preparing this newsletter for distribution.***

