



## Autism and Anxiety: Do young children with autism get anxious?

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There is quite a lot of literature about autism and anxiety. It tends to describe anxiety in children with high functioning autism (HFA, i.e. children who have autism and are in the normal range of intelligence), Asperger's Disorder and usually, older children and adolescents. However, some young children with autism can be anxious to the extent that it is interfering with their day to day activities, enjoyment and learning.

How do we know when a child is feeling anxious? The signs of anxiety may include:

- ✓ Distress & agitation when separated from parent & home
- ✓ School/preschool refusal
- ✓ Pervasive worry & fearfulness
- ✓ Restlessness & irritability
- ✓ Timidity, shyness & withdrawal
- ✓ Terror of an object
- ✓ Associated headache, stomach pains
- ✓ Restless sleep & nightmares
- ✓ Poor concentration, distractibility
- ✓ Reliving stressful event in repetitive play

What might cause anxiety in a preschooler with autism?

- ❖ Inability to express oneself
- ❖ Inability to cope with change or new situations
- ❖ High need for predictability
- ❖ Difficulty understanding social expectations
- ❖ Fearing situations because they are not understood
- ❖ Difficulties with processing sensory information
- ❖ Fearing some sources of sensory stimulation

## What can we do about anxiety?

If we can understand what is causing young children with autism to become anxious, then we should be able to develop strategies to help them. Careful observation of the

### CASE STUDY

*“James” was 4 years old with autism and moderate developmental delay. He attended kindergarten three times each week and was happy and settled there. He had a few single words and was learning to use schedules and choice boards to communicate with others at home and at kindergarten. Over about three weeks, he became irritable; echolalic rituals increased, he was uncooperative on kinder mornings, and was distressed at separating from mum at the door of the kinder.*

*This seemed to be pointing to something about kinder that was making him anxious. Was it the busy environment with lots of choices, social pressures and noise? Was there a particular activity that was making him anxious, such as having to wear an apron or the presence of gooeey finger paint? Had there been any changes at home or kindergarten? The teacher and James’ parents made a list of all the things that had changed since James had become anxious. They identified an important change in his communication programme. In the past, James had used photographs of real objects/activities to make choices but it was felt that it was time for him to progress to some symbols generated with a computer programme. A new schedule was made and at kindergarten, James was asked to indicate what he wanted to do, by pointing to an activity symbol. Increasingly he became teary and even hit a teacher who approached him with the schedule board. The old boards and schedules were reintroduced to see if this made a difference to James’ behaviour. James was happy to be at kindergarten, separated without distress from his Mum and his echolalia decreased.*

#### **The explanation:**

*James was distressed and anxious about going to kindergarten because he did not understand the new schedule and choice boards he had to use. Importantly, there was no preparation for James that included learning about matching photographs to line drawings/symbols so that he understood what the symbols meant. Time was spent teaching him to match photographs and symbols and the changeover to the new format was reintroduced after 1 month.*

*This was an important lesson for everyone about managing change and the impact that this can have on the emotions and behaviour of a young child with autism.*

child and a thorough understanding of the child’s developmental level, communication abilities and profile of autism symptoms are essential. It is often helpful to complete a Developmental Behaviour Checklist (see Fact Sheet 9) to understand the current level of emotional and behavioural problems. We did this for “James” in the case study and subscale scores showed elevated anxiety and communication disturbance. This helped to define what the problem was.

Careful assessment of what may be making the child anxious and worried is important. Which symptoms of anxiety is the child displaying? Is it anxiety about separating, or a particular fear, or has there been a change of some kind recently? Because children with autism are usually anxious about minor changes in routine or their environment, this is often a good place to start. First question to ask is *“What’s changed?”* You can help anxiety about change by preparing the child ahead of the change happening. Because children with autism are often strong visual learners, photograph or picture schedules, simple social stories, behaviour scripts or even a specific picture book can show the child about what will be happening and can help to ease their worries (see Fact Sheet 32).

These visual strategies can also help with anxiety about separation. For example, the child can be shown photographs of where they will be and where Mum will be and a clear photograph of her returning to pick him up. For children who have some understanding of time, an oven timer or clock face can be added to this information.

An oven timer that rings can be used at first in just short 5 minute segments to teach a child about Mum coming back when the bell rings and the time can be extended gradually to cover the whole time Mum needs to be away, but the child is learning that she WILL BE BACK!

There are a number of successful programmes that are used with typically developing children to teach them about overcoming phobias and fears through graded exposure. These are also helpful for some children with autism. Some simplified versions of relaxation programs that use progressive muscle relaxation can be helpful for children who are tense, anxious and worried. These programmes usually involve teaching the child about tense muscles and relaxed muscles in a one-to-one teaching session that lasts for as long as the child can maintain attention. At first this may be just a few minutes learning to tighten and relax the arms, hands, and legs, and to do some deep breathing. Eventually the child is taught to tighten and relax all remaining muscle groups of the body and when practiced daily can help a child to relax when they are in an anxiety provoking situation. Some parents also find massage and relaxation tapes are helpful when their children are anxious and worried.

### Management may involve a number of approaches

- Define stressors
- Modify environment
- Parent education and well being
- Modified Cognitive Behaviour Therapy (e.g. relaxation exercises, role play, graded exposure to fears)
- Stress debriefing (e.g. social stories)
- Medication [e.g. Anxiolytics (SSRIs, Imipramine, Buspirone, Neuroleptics)] as *part* of a planned management approach.

### Further reading

Brereton, A.V., Tonge, B.J. & Einfeld, S.E. (2006) Psychopathology in children and adolescents with Autism compared to young people with Intellectual Disability. *Journal of Autism and Developmental Disorders*, 36, 863 - 874

Gillot, A., Furniss, F. and Walter, A. (2001) Anxiety in High functioning Children with Autism. *Journal of Autism and Developmental Disorders*, 5, 277-286

Groden, J., Cantela, J., Prince, S. & Berryman, J. (1994) The Impact of Stress and Anxiety on Individuals with Autism and Developmental Disabilities Asperger in E. Schopler & G B Mesibov (eds) *Behavioural Issues in Autism*. New York: Plenum

Howlin, P. (1998). *Children With Autism and Asperger's Disorder. A Guide for Practitioners and Carers*. Chichester: John Wiley & Sons

Australian website with general information about anxiety disorders and treatment  
<http://www.anxietyaustralia.com.au/treatment/relaxation.shtml>