## Binghamton



## Understanding Autism Spectrum Disorder: ASD & Anxiety Fact Sheet











### What is anxiety?

Anxiety is a normal reaction to stressful events. Anxiety may cause physical changes (e.g., racing heart, shortness of breath, sweating) to help us prepare to protect ourselves from threats in our environment. We may also experience fearful thoughts or worry about something happening in the future. When anxiety happens too often or when a protective response happens when a threat doesn't exist, anxiety becomes a problem.

### **ASD & Anxiety**

Anxiety is a common problem for individuals with ASD. Signs of anxiety in ASD may include refusal or avoidance of certain situations, poor attention or focus, irritability, restlessness, sleeping or eating changes, complaints of physical illness, or muscle tension. There might also be aggression. However, symptoms of anxiety can be difficult to detect. For example, individuals with ASD may already have poor attention skills or dysregulated sleeping or eating habits. Some symptoms of ASD, such as repetitive and stereotyped behaviors, may also appear similar to symptoms in other disorders (i.e., compulsions in obsessive-compulsive disorder or OCD). Sometimes anxiety can be detected by increases or decreases in existing behaviors rather than the emergence of new symptoms.

At least 50% of individuals with ASD have another psychological disorder, most often an anxiety or mood disorder.



**Common anxiety problems** include specific phobias, OCD, separation anxiety, panic disorder, generalized anxiety disorder, and social anxiety disorder.

Anxiety may worsen during



due to increased social demands and greater awareness of differences.

## Binghamton



# Understanding Autism Spectrum Disorder: ASD & Anxiety Fact Sheet

#### What help is available?

Research suggests that modified cognitive behavioral therapy can be helpful for reducing anxiety in individuals with ASD. Modified CBT helps individuals develop coping skills and relaxation strategies by understanding how thoughts, behaviors, and physical symptoms are related. Use of visual supports and hands-on activities can also help to make concepts more easy to understand. Modified CBT can be provided by a community behavioral health provider, such as a psychologist or clinical social worker, with experience working with individuals with ASD and anxiety. Additionally, some individuals may benefit from medication prescribed by a physician or psychiatrist.







#### **Select References**

Bellini, S. (2004). Social skills deficits and anxiety in high-functioning adolescents with autism spectrum disorders. *Focus on Autism and Other Developmental Disabilities*, 19(2), 78-86, doi: 10.1177/10883576040190020201

van Steensel, F. J. A., Bögels, S. M. & Perrin, S. (2011). Anxiety disorders in children and adolescents with autistic spectrum disorders: A meta-analysis. *Clinical Child and Family Psychology Review, 14*(3), 302-317. doi:10.1007/s10567-011-0097-0

White, S. W., Oswald, D., Ollendick, T., & Scahill, L. (2009). Anxiety in children and adolescents with autism spectrum disorders. *Clinical Psychology Review*, 29(3), 216-229. doi:10.1016/j.cpr.2009.01.003

Wood, J. J., Drahota, A., Sze, K., Har, K., Chiu, A., & Langer, D. A. (2009). Cognitive behavioral therapy for anxiety in children with autism spectrum disorders: A randomized, controlled trial. *Journal of Child Psychology & Psychiatry*, 50(3), 224-234. doi:10.1111/j.1469-7610.2008.01948.x

The Binghamton Regional Center for Autism Spectrum Disorders (BRCASD), located on the Binghamton University campus in Binghamton, NY, is one of the seven regional centers affiliated with the New York State Regional Centers for Autism Spectrum Disorders (NYSRCASD). Our mission is to provide low-to-no cost evidence-based education and training for families, educators, and community professionals to improve services and outcomes for youth with ASD (ages 4-21). We serve Broome, Chemung, Chenango, Cortland, Delaware, Otsego, Tioga, and Tompkins counties.