Anxiety is believed to be one of the most common co-occurring disorders for individuals with Autism Spectrum Disorder (ASD) along with depression and attention deficit disorder (ADHD). A conservative estimate of the rate of anxiety in teens with ASD is at least 40%, but some studies have put that rate almost twice as high. As a comparison, the rate of anxiety in teens in the general population is around 8%. Anxiety is thought to be more prevalent during adolescence as teens with ASD become more aware of their differences from their peers. This is particularly true for teens without an intellectual disability.

Because anxiety is so common in teens with ASD, it is important that parents, teachers, and health care professionals be on the lookout for signs that an adolescent may be trying to cope with anxiety.

What is Anxiety?

Anxiety is the presence of excessive worry or fear and can vary from mild to severe. It can be characterized as generalized anxiety disorder or more specifically as social anxiety, separation anxiety, obsessive-compulsive disorder, or specific phobias (e.g. spiders or loud noises). Social anxiety is perhaps most common in individuals with ASD. Social anxiety is described as fear and avoidance of new people and social situations due to feelings of concern about being viewed negatively by others. In school, anxiety can impact a student’s academic performance and lead to behavior problems. At home, it can disrupt family life. If untreated, anxiety can lead to depression.
Individuals with ASD may not be able to recognize and describe how they feel which can make it difficult to diagnose anxiety. This means that parents, teachers, and other care providers need to be able to recognize the wide-ranging signs of anxiety. In particular, changes in behavior such as sleep patterns and eating habits can be clues as well as excessive worry or rumination. Other behavioral changes such as withdrawal from normal daily activities or an increase in repetitive or destructive behaviors may be symptoms. Once an anxiety response is triggered, individuals with ASD can have difficulty controlling it.

Social Situations

Withdrawal or limited social engagement
For the past week, Jonathan has stopped eating lunch with his group of friends and sits by himself in the hallway outside my classroom.

Poorer relationships with parents/teachers/peers
Han has always been a favorite of his teachers but he forgets his morning routine. Han often leaves for school without brushing his teeth, washing his face, or combing his hair, which can be off-putting for his teachers.

Separation Anxiety
Lucy has been real clingy lately, especially when we go out in public. It reminds me of when she was really little.

Behaviors and Skills

Excessive worry or rumination
Akim will not stop worrying about getting to his job on time. He asks every 5 minutes when we are leaving, even though we leave at the same time every Wednesday and are never late.

Having trouble doing normal daily activities
Vanessa used to be the first one to get started on her daily activities in the morning. Now she just sits at the table and I can’t seem to get her going.

Increase in self-soothing and/or repetitive behaviors such as rocking, wringing, or flapping hands
One of my students this year, Sanjay, goes to the corner and rocks whenever it’s time to do a group project. It’s impacting his grade and the other kids are starting to avoid him altogether.

Increase in challenging, aggressive, and/or oppositional behaviors
Joey had a meltdown in school today. It was the second one this month. I thought we were over these.

Health and Wellness

Changes in sleep and/or sleeping patterns
I’ve noticed Katie has dark circles under her eyes lately and is having a hard time staying awake in class.
Increase in stomachaches and/or other illness

Diego has missed at least 10 days of school this semester due to illness, more than any other of my students.

Examples of Anxiety Triggers

Being aware of anxiety triggers is important for anticipating stress and anxiety. Here are some situations that can trigger anxiety for teens with ASD in the school setting:

- **Unstructured time:** waiting for the bus, lunch time, changing classes
- **In the classroom:** tests, grades, giving presentations, large multi-step assignments (e.g. writing assignments)
- **Sensory issues:** school assemblies (crowds), fire drills (loud noises), cafeteria (offensive smells)
- **Social situations:** interactions with peers, working in groups, physical education (forced group participation)

Treatment for Anxiety

Getting an accurate diagnosis is the first step in treating anxiety. It is important to work with a medical professional who has experience with individuals with ASD. In preparation for a visit to the doctor, parents should be sure to gather observations from teachers and others who spend time with their child. Treatments for anxiety can include medication and/or different types of therapy. There are a range of medications available for the treatment of anxiety and Autism Speaks has created a guide to help in making decisions about medication that can be shared with your health care provider.

Parent Resources

ATN/AIR-P Medication Decision Tool Kit


In addition to medication, cognitive behavioral therapy (CBT) is showing promise as effective in some cases of anxiety, in particular with adolescents without co-occurring intellectual disability. CBT teaches individuals to control their behavior by thinking differently about how they view the world. The therapist does this by:

- Addressing challenging negative thoughts with logic, role-playing and modeling of courageous behavior
- Using a step-by-step exposure to feared situations
- Teaching relaxation techniques

Many anxiety programs for children with autism incorporate special interests to encourage participation.
Resources

AFIRM Module: Cognitive Behavioral Intervention

Autism Speaks

Facing Your Fears
Reaven, J. (n.d.). Welcome to the JFK Partners Program at the University of Colorado School of Medicine on the Anschutz Medical Campus. Retrieved from http://www.ucdenver.edu/academics/colleges/medicalschool/programs/JFKPartners/clinicalservices/Pages/facingfears.aspx

References

