# The Role of the Speech-Language Pathologist in Supporting Children with Autism Spectrum Disorder and Anxiety

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# Agenda

# Background information

- Problem-Framing
- Purpose
- Methods

#### Information-Gathering Process

- Question 1: Key Findings
- Question 2: Key Findings

#### Discussion

- Product
- Dissemination
- Conclusions



# Background

Autism Spectrum Disorder (ASD) is a complex developmental condition that may impact an individual's communication, behavior, and sociability (Center for Disease Control and Prevention [CDC], 2020)

ASD rarely occurs in isolation; an individual with ASD is likely to have another physical or mental health condition such as anxiety (The Children's Hospital of Philadelphia, 2017)

Anxiety can influence communication by impacting fluency and heighten any preexisting social and communication difficulties (Downey, 2020)

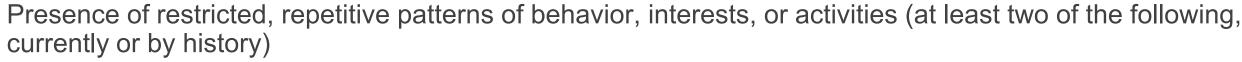
About 90% of school-based SLPs regularly serve individuals with ASD (Janota, 2018)



### What is ASD?

Deficits in social communication and social interaction in the following

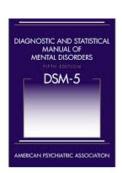
- Social approach/interaction
- Nonverbal communication
- Relationships



- Stereotyped or repetitive motor movements, objects, speech
- Routines
- Restricted interests
- Sensory (Hyper- or hypo-reactivity)

Symptoms must be present in the early developmental period (but may not become fully manifest until social demands exceed limited capacities, or may be masked by learned strategies in later life).

Symptoms cause clinically significant impairment in social, occupational, or other important areas of current functioning.



# What is anxiety?

### Generalized Anxiety Disorder (GAD)

- Persistent and excessive anxiety and worry about work and school performance that is difficult to control.
- Physical symptoms include:
  - restlessness, on edge being easily fatigued
  - difficulty concentrating or mind going blank
  - irritability
  - muscle tension
  - sleep disturbance

# Social Anxiety Disorder (SAD)

- Individuals are fearful or anxious about or avoidant of social interactions and situations that involve the possibility of being negatively evaluated by others, by being embarrassed, humiliated, or rejected, or offending others.
- Including:
  - meeting unfamiliar people
  - where the individual performs in front of others
  - situations where the individual may be observed eating or drinking

#### Specific Phobia

- Individuals are fearful or anxious about or avoidant of objects or situations.
- Fear, anxiety, or avoidance is almost always immediately induced by the phobic situation
- Types of specific phobias
  - animal
  - natural environment
  - blood-injection-injury
  - situational

# Problem-Framing

- This capstone addresses a practical problem on a clinical level associated with autism spectrum disorder
- SLPs address social communication deficits in students with ASD, however, it is not within the scope of practice of an SLP to treat anxiety
- SLPs need to be aware and understand the relationship between ASD and anxiety as well as its impact on social communication to provide appropriate supports to benefit the student with ASD



### Purpose

- 1. To increase awareness of the signs and symptoms of anxiety in children with ASD and enhance the SLP's knowledge of the impact that anxiety may have on students with ASD and adjust therapy accordingly
- 2. To increase service coordination with other professionals and families



# LEND Competencies







INTERDISCIPLINARY PRACTICE

KNOWLEDGE, SKILLS, AND ATTITUDES

RESEARCH AND CRITICAL THINKING

Competencies related to the capstone project



# Capstone Major Questions

#### Question 1

What is the relationship between anxiety and schoolaged children with Autism Spectrum Disorder (ASD)?

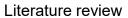
#### Question 2

What is the role of the Speech-Language Pathologist (SLP)?



### Methods







Observation – Facing your Fears Program



Product Development



Dissemination

# Information Gathering Process

IRB approval not necessary because information was gathered during the literature review process

Literature search: Google Scholar, UNM Library Database, ASHA Wire Search terms: ASD, Anxiety, Children, Autism Spectrum Disorder, presentation, social communication, communication deficits, SLP, scope of practice, emotional regulation, counseling

Exclusion criteria: ADHD, syndrome, depression, eye-gaze, gene

UNM Database: 60

Literature Review
9 articles reviewed
Organized by my capstone questions



# Analysis

Author	Type of article	Targeted school age	Addressed anxiety and ASD	Addressed social com	Clinical implications
Binns, 2018	Systematic review	N/A	$\times$	$\times$	
Davis et al., 2011	RTC	2-14 years old			$\times$
Hewitt, 2014	Expert opinion	N/A			
Keen et al., 2017	Longitudinal Study	5-6 years old			$\times$
Kerns et al., 2014	RTC	7-17 years old			$\times$



# Analysis

Author	Type of article	Targeted school age	Addressed anxiety & ASD	Addressed social com	Clinical implications
Pickard et al., 2017	Longitudinal Study	7-13 years old			
Prizant & Laurent, 2016	Expert Opinion	N/A	$\times$	$\times$	
van Steensel et al., 2011	Meta-analysis	<18 years		$\times$	$\times$
White et al., 2009	Systematic review	6-18 years old			

# Findings

Relationship between ASD & Anxiety

Anxiety in students with ASD

How anxiety affects social communication

# Anxiety in Student with ASD

Children with ASD are more likely to have anxiety than children without (~40%)

(Keen et al., 2017; van Steensel et al., 2011; Keefer, 2019)

Difficult to diagnose due to symptom overlap of anxiety and ASD

(Keen, 2017; van Steensel et al., 2011)

Presentation of anxiety is influenced by age, cognitive functioning, degree of social impairment and specific symptoms of anxiety and ASD

(White et al., 2009; van Steensel et al., 2011; Pickard et al., 2017; Kerns et al., 2014)



#### How Anxiety Impacts Social Communication

- 1. Children may not have the communication skills or vocabulary to express their symptoms of anxiety (Davis et al., 2011)
- 2. Children with lower support needs are more likely to experience anxiety because of increased awareness of social deficits (White et al., 2009; Davis et al., 2011; Pickard et al., 2017)
- 3. Increased communication deficits impair children from being able to communicate symptoms of anxiety (Davis et al., 2011)





# Findings

Role of SLP

Collaboration with other professionals

SLP strategies



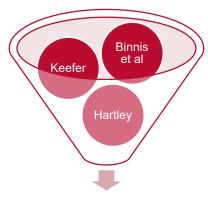
# Collaboration with Other Professionals



# Common Strategies

- Ensure that child understands and uses self-regulatory vocabulary
- 2. Identify potential stressors
- 3. Reduce amount of available toys
- 4. Have "sensory break" spaces
- 5. Use auditory cues to supplement the use if visual supports
- Help child understand expectations for upcoming activities
- 7. Conduct sessions in small spaces
- Use physical supports & predicable routines
- 9. Respond to communicative attempts
- 10. Validate child's emotions
- 11. Follow child's lead
- 12. Reduce cognitive load
- 13. Include child in decisions that involve them
- 14. Control volume and rate of speech

(Binnis et al., 2019)



Key strategies

- 1. Attempt to avoid anxiety triggers (e.g., specific phobias)
- 2. Communicate expected behaviors & rules to child
- 3. Use social stories, visual supports, and timers
- 4. Prepare an exit strategy if child becomes over-regulated
- 5. Understand the side-effects of anxiety mediation the child may be on

(Keefer, 2019)

- 1. Provide child with the appropriate methods to communicate they need a break
- 2. Communicate expected behaviors for you and child
- 3. Be aware of anxiety triggers in therapy materials
- 4. Use visual schedules, support, and social stories
- 5. Keep child's sensory needs in mind
- 6. Plan pre-meltdowns
- 7. Limit choices
- Prime the child/family ahead of time (e.g., a meet and greet time prior to starting therapy to build rapport with child)
- 9. Use group therapy (social skills groups)
- 10. Advocate for child to use transition object

(Hartley, 2021)



# **Key Strategies**

#### Before Therapy

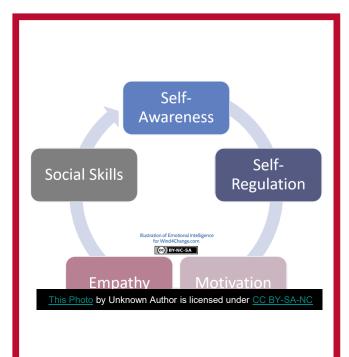
- Prime child/family ahead of time
- Identify potential internal and external stressors
- Communicate expected behaviors and rules for you and child
- Reduce the number of available toys or choices

#### **During Therapy**

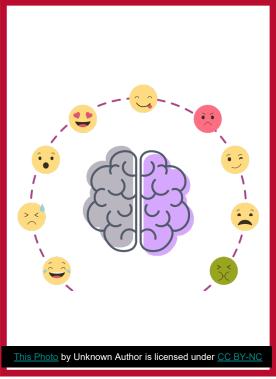
- Ensure child understands and uses self-regulatory vocabulary and can use it across settings
- Keep sensory needs in mind
- Use auditory cues alongside visual supports
- Have a plan if child becomes over-regulated

(Binnis et al., 2019; Hartley, 2021; Keefer, 2019)









"The SLP's scope of practice involves all aspects of functioning. Supporting the development of emotional or self-regulation will help children use the strategies they learned in treatment to effectively engage and participate in all areas of their life"

(Binnis et al., 2019)



### Discussion

- ✓ There is much research on prevalence and type of anxiety in children with ASD
- ✓ Studies varied in participant age, ASD diagnosis, type of anxiety studied, and how they measured anxiety in children with ASD
- ✓ Conflicting statements such as prognosis of anxiety with age
- √There is not a "gold standard" assessment for assessing anxiety in children with ASD
- ✓ There is a common consensus that an appropriate assessment would include an ASD diagnosis, teacher, parent, and client reports on symptoms and interdisciplinary treatment that focuses on child's strengths, level of needs and cognitive functioning, and symptoms of ASD and anxiety

### Product

### PRESENTATION OF ANXIETY IN CHILDREN WITH ASD

#### Symptoms of Anxiety in Children with ASD



Diagnosing anxiety can be difficult in children with ASD. Factors like difficulties communicating symptoms of anxiety and overlap of symptoms such as a decrease in social interactions and repetitive interests/behaviors.

Presentation of anxiety varies depending on individual support needs.

Roughly 40% of children with ASD have at least one type of Anxiety
Disorder.

Anxiety could present differently in children with ASD with symptoms such as:

- Heightened characteristics of ASD you don't normally see (e.g., spending longer times engaged in restrictive and repetitive behaviors or greater intensity of restricted interests)
- Restrictive worry and fear around interests and routines
- Becoming irritable or aggressive when dysregulated

- Sensory hypersensitivity
- Unusual fears (e.g. beards)
- Presenting with social fear but not concerned about social rejection
- Negative automatic intrusive thoughts
- Symptoms of anxiety that are not age-typical

All children with ASD are different. These signs may not be present in every child. It is important to take note of drastic differences in actions and behaviors that are long-lasting.

### STRATEGIES FOR PROFESSIONALS TO USE IN THERAPY





### Product

### RESOURCES FOR PARENTS & PROVIDERS

#### Resources Websites for Caregivers and Providers **Mental Health and Developmental** of Children **Disabilities National** with ASD **Training Center** and Anxiety **Autism Self Advocacy** Network Local **Autism Awareness** Center **Indiana Resource Center for Autism** UNM CDD: **National Autistic Autism** Society Portal **Raising Children** Network Facing Your Fears **Centre for** Program **Autism: Middletown**

#### REFERENCES





#### Presentation to LEND cohort



Presentation to SHS students via webinar





Presentation in my ASD course (SHS539) for my final project "Hot Topics in ASD"

#### Conclusion

#### What I learned about.....

- Conducting a (small) literature review and producing better research
- ASD and the role the SLP plays in treating social communication differences
- Anxiety and how it could impact different populations I may serve in the future including those with ASD but also individuals with selective mutism, ADHD, and fluency disorders
- The importance of interdisciplinary practice in conjunction with neurodevelopmental disabilities and metal health
- Resources available for caregivers of individuals with ASD
- The scope of practice of an SLP and how important counseling and education can be to families and other professionals

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# Questions?

THANK YOU, CHRIS!!