TREATMENT CONSIDERATIONS FOR THE OVERLAP BETWEEN SOCIAL ANXIETY AND AUTISM

Julie DiMatteo, Ph.D., ABPP
NSAC, North Jersey
February 2023

AGENDA

- Terminology
- Prevalence & Trends
- Characteristics of ASD associated with later social anxiety
- Proposed developmental pathway from ASD to social anxiety
- Conducting an accurate assessment
- Treatment Considerations
- Discussion/Q&A

DIAGNOSTIC CRITERIA

- Deficits in social communication and interaction across multiple contexts as manifested by:
  - Deficits in social-emotional reciprocity
  - Deficits in nonverbal communicative behaviors used for social interaction
  - Deficits in developing, maintaining, and understanding relationships
- Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least 2 of the following:
  - Stereotypes or repetitive movements, use of objects, or speech
  - Insistence on sameness, inflexible adherence to routines, or ritualized patterns of behavior
  - Highly restricted, fixated interests that are abnormal in intensity or focus
  - Hyper- or hyporeactivity to sensory input

APA (2022)

DIAGNOSTIC CRITERIA

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

APA (2022); Corbett et al (2021); Livingston et al (2018)

TABLE 2 Severity levels for autism spectrum disorder (examples of level of support needs)

Severity level	Social communication	Restricted, repetitive behaviors
Level 3 "Requiring very substantial support"	Severe deficits in verbal and nonverbal social communication skills cause severe impairments in functioning, very limited initiation of social interactions, and minimal response to social overtures from others. For example, a person with few words of intelligible speech who rarely initiates interaction and, when he or she does, makes unusual approaches to meet needs only and responds to only very direct social approaches.	Inflexibility of behavior, extreme difficulty coping with change, or other restricted/repetitive behaviors markedly interfere with functioning in all spheres. Great distress/difficulty changing focus or action.
Level 2 "Requiring substantial support"	Marked deficits in verbal and nonverbal social communication skills; social impairments apparent even with supports in place; limited initiation of social interactions; and reduced or abnormal responses to social overtures from others. For example, a person who speaks simple sentences, whose interaction is limited to narrow special interests, and who has markedly odd nonverbal communication.	Inflexibility of behavior, difficulty coping with change, or other restricted/repetitive behaviors appear frequently enough to be obvious to the casual observer and interfere with functioning in a variety of contexts. Distress and/or difficulty changing focus or action.
Level 1 "Requiring support"	Without supports in place, deficits in social communication cause noticeable impairments. Difficulty initiating social interactions, and clear examples of atypical or unsuccessful responses to social overtures of others. May appear to have decreased interest in social interactions. For example, a person who is able to speak in full sentences and engages in communication but whose to-and-fro conversation with others fails, and whose attempts to make friends are odd and typically unsuccessful.	Inflexibility of behavior causes significant interference with functioning in one or more contexts. Difficulty switching between activities. Problems of organization and planning hamper independence.

APA (2022)

TERMINOLOGY

Outdated Terminology	Current Terminology
People with Autism	Autistic
Asperger's/High Functioning	Autism/Specific abilities
Neurotypical/Normal	Allistic
Treatment*	Support/adjustments

EXPERIENCES OF AUTISTIC PEOPLE

National Autism Indicators Report, 2021

PREVALENCE & TRENDS

- 1 in 44 children are diagnosed with ASD
  - *3-4x more prevalent in boys than girls*
- ~50% have average to above average IQ
  - *In 2004, this number was estimated at 30%*
- Anxiety is highest comorbid disorders
  - *Most common subtypes in adolescents: separation anxiety (39.3%), social anxiety (27.9%), and generalized anxiety (18%)*
- Estimates range from 6-38% of Autistic people have comorbid social anxiety
- 46-77% of Autistic adults report a history of peer victimization

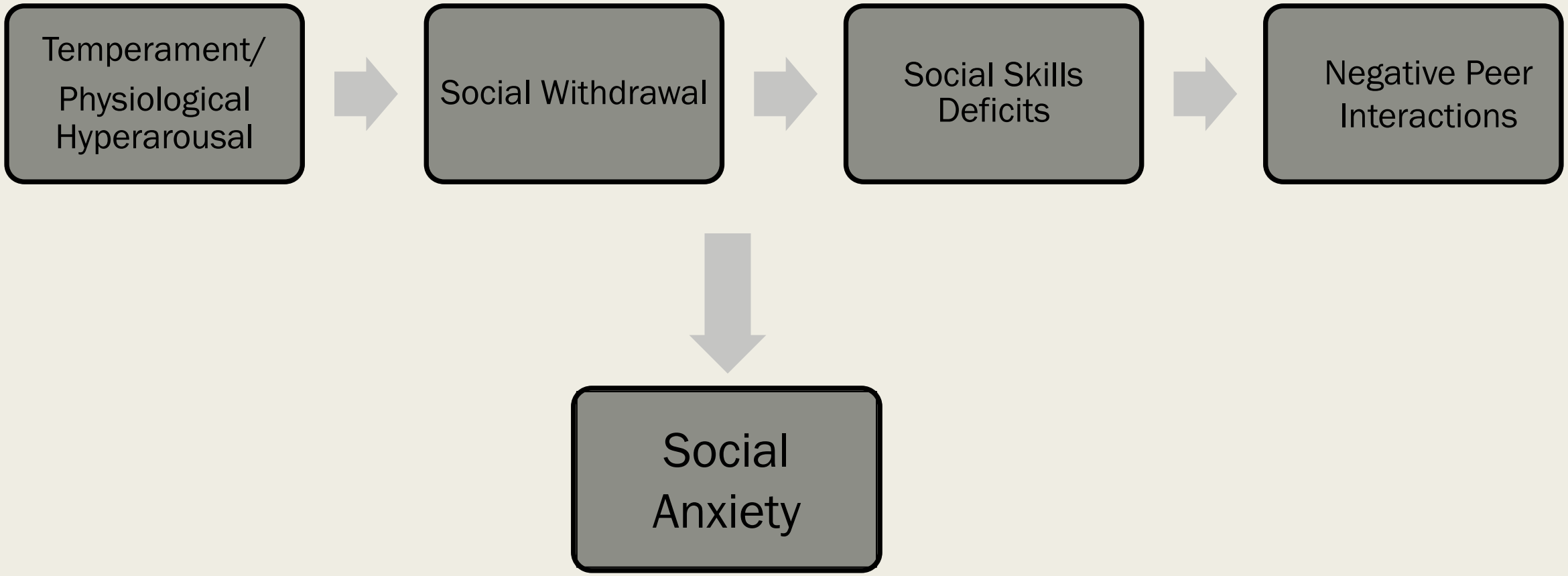
Ben-Itzchak et al. (2020; CDC (2022); Kerns et al. (2016); NAIR (2015, 2021)

FACTORS PREDICTIVE OF SOCIAL ANXIETY

- Family history of anxiety
- Family accommodation of anxiety
  - *Parental overcontrol and overprotection*
- Cumulative negative life events (i.e., social rejection, bullying, diagnosis stigma, chronic sensory overload)
- Difficulties with emotion regulation and arousal
  - *Hyperarousal, cognitive inflexiblity, sensory sensitivities*

Ben-Itzchak et al. (2020); Kerns et al. (2016); Spain et al. (2018)

Developmental Pathway of Social Anxiety in ASD



Bellini (2006)

ASSESSMENT DOMAINS

- Communication
- Adaptive Functioning
- Sensory Processing
- Executive Functioning
- Social Skills

CONDUCTING AN ACCURATE ASSESSMENT

- Begin with same criteria as you would diagnosing SAD and ASD separately
  - *Does the client meet both sets of criteria? Are any symptoms of SAD better accounted for by ASD?*
- Kerns et al (2016) propose a 4 step model:
  1. *Determine whether any presenting anxiety symptoms are over and above what would be expected of the individual's developmental level and present challenges*
  2. *Determine whether anxiety symptoms cause significant impairment above that of what is expected in ASD*
  3. *Distinguish anticipatory fears, worries, and avoidance in anxiety from sensory sensitivities and emotional dysregulation*
  4. *Determine whether anxiety is beyond what is characteristic of ASD*

MEASURES

- Liebowitz Social Anxiety Scale–self-report
- Social Interaction Anxiety Scale
- Social Phobia Scale
- Brief Fear of Negative Evaluation Scale

ESTABLISHING GOALS

- Whose goals are they working on?
  - *Their own or what others want from them?*
- Challenge passive role in therapy
  - *What is important to you?*
- Establish collaborative goals
  - *Requires flexibility on part of parent*
  - *Discuss in terms of social reciprocity*
- Talk to the parent to set goals for your work with them
  - *Emphasize their role and expectations of them in therapy*

SESSION CONSIDERATIONS

DOMAIN	TECHNIQUES
Therapeutic Frame	Shorter, more frequent sessions Clear access to a clock Write-out agenda Use whiteboard/take pictures Written session summary*
Clinical Style	Direct, warm and collaborative Open to learning and feedback Use metaphors related to interests Pace to client's pace
Affective	Labeling and understanding emotions Consider over vs under regulation Emotion thermometer

SESSION CONSIDERATIONS

DOMAIN	TECHNIQUES
Cognitive*	Validate before reframing Cognitive reframing ACT-based acceptance skills
Social	Social Stories Comic Strip Conversations Social Skills Groups* Self-advocacy/assertiveness training Target loneliness/values clarification
Sensory	Distress tolerance skills Effective forms of distraction
Exposures	Imaginal exposure Role plays/behavioral rehearsal Therapist guided and supported
Informants/Social Coaches/Parents	Systems work!

SUMMARY

- Autism is a way of being different
- The path from Autism to social anxiety begins from when clients are very young and is marked by physiological and environmental factors
- Change can only occur if therapy is a safe space accepting of neurodiversity and focused on individual rather than system-level goals
- Initial research shows promise for CBT for Social Anxiety being successful in ASD clients; however, consider integrating techniques from ACT, RO-DBT, and being flexible to meet your clients needs
- You likely need to do just as much work with parents and the clients system as you need to do with the client
- Your markers of successful outcomes may look different than with allistic clients and that is ok! How does your client feel?

THANK YOU!

Julie DiMatteo, PhD, ABPP

NSAC, North Jersey

CBT Specialists of New Jersey, LLC

340 W. Passaic Street

Rochelle Park, NJ 07662

201.844.9934

Julie.dimatteo@cbtspecialistsnj.com

www.cbtspecialistsnj.com