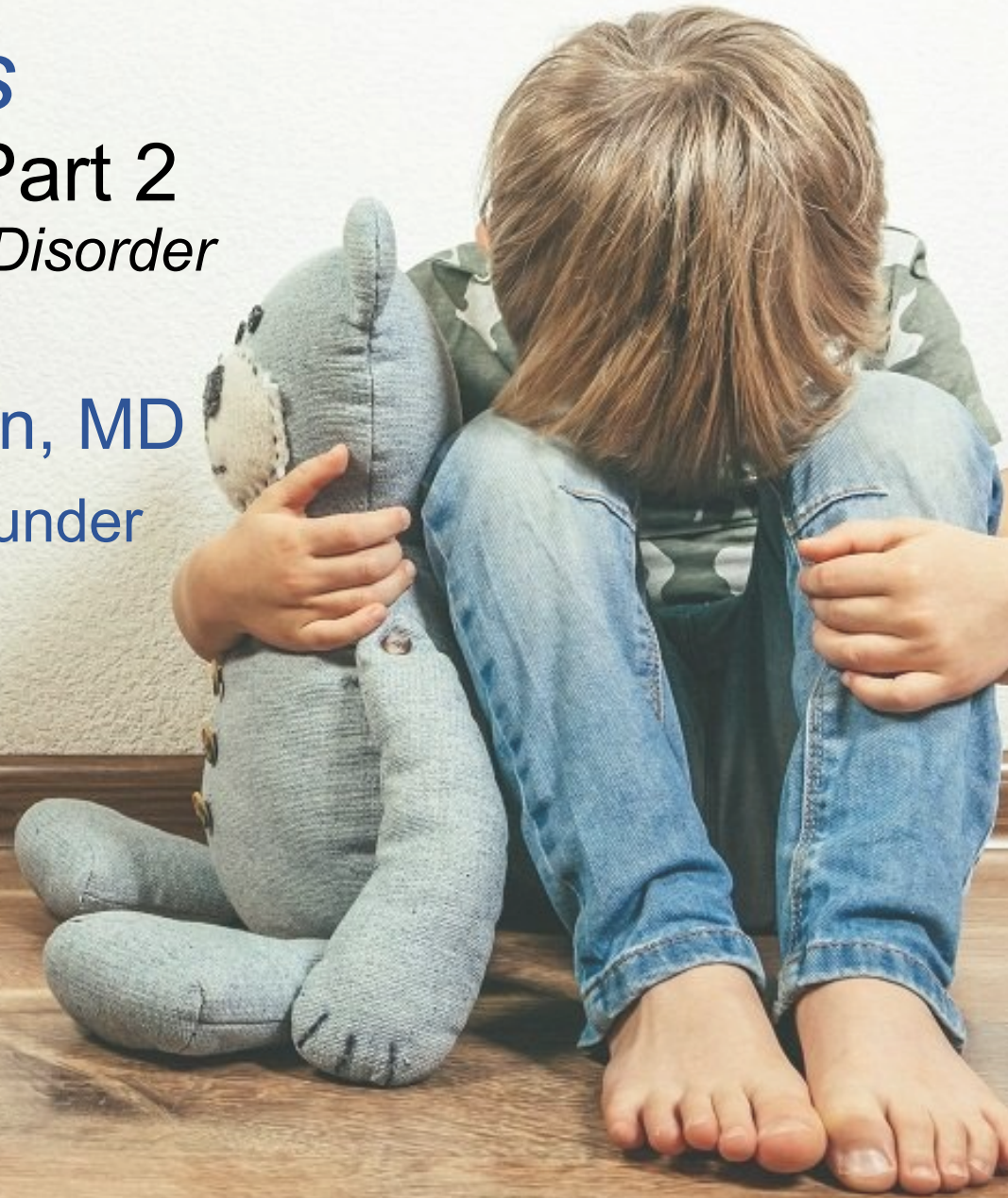




# Masterclass

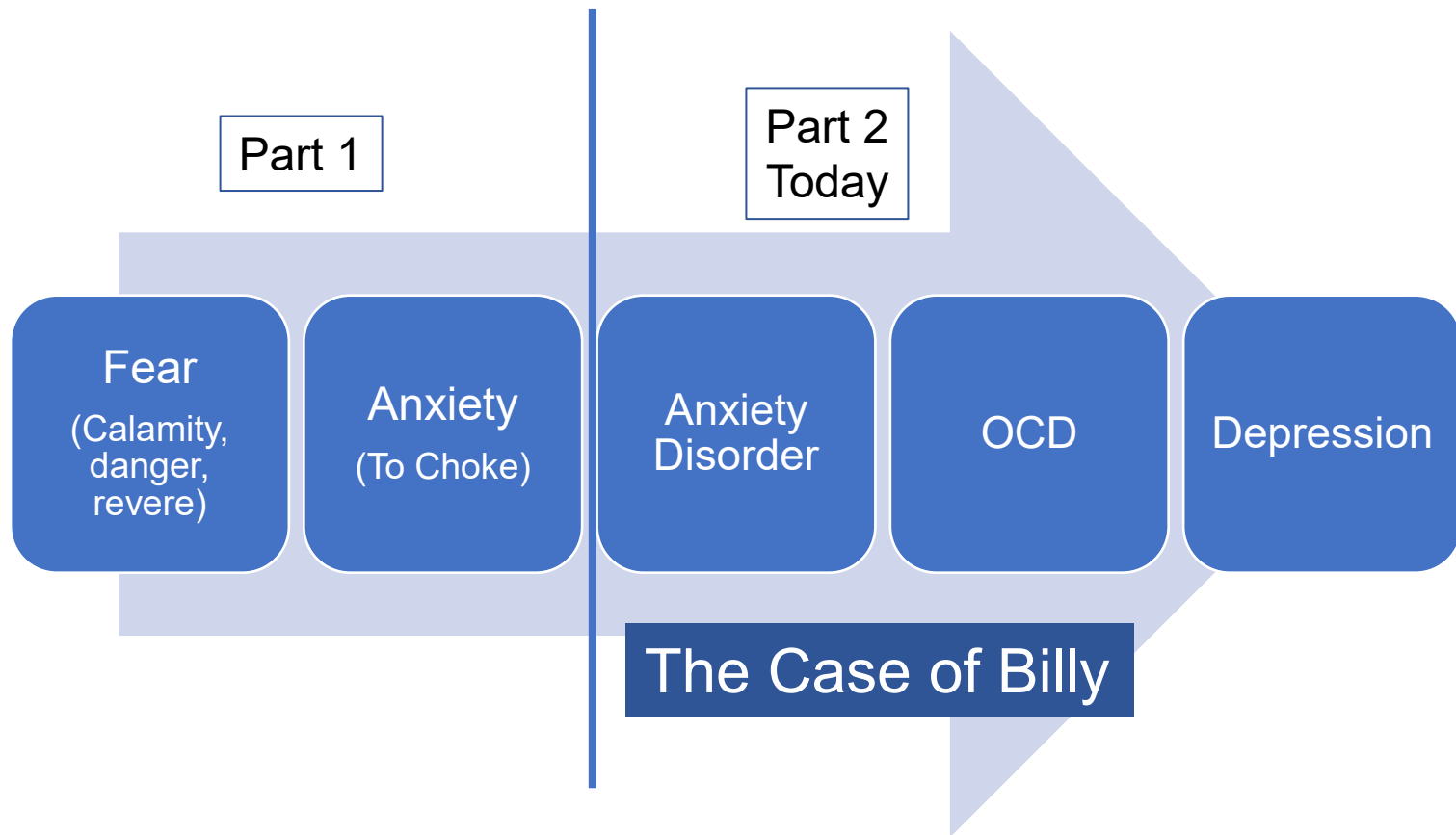
## Autism & Anxiety: Part 2 *When Anxiety Becomes a Disorder*

With 'Dr. Rick' Solomon, MD  
Medical Director and Founder  
The PLAY Project  
June 2025





# The Progression of Fear



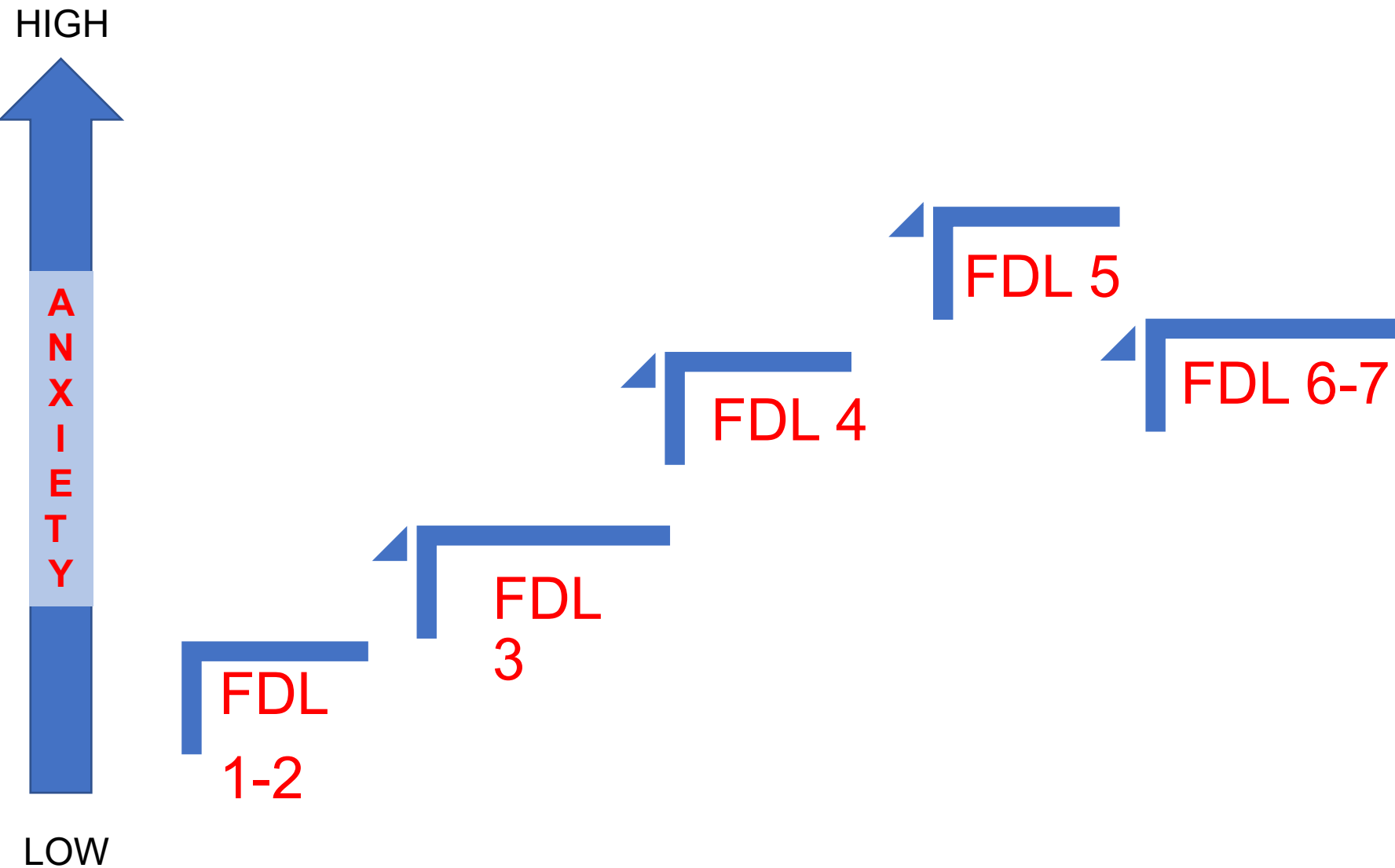


# In Autism & Anxiety: Part 1

- I presented the case for using anxiety and upset to promote coping, resilience, and improved development. In short to help improve emotional intelligence
  - Two-edged sword: The higher development, the more fears and anxieties
  - If not recognized and handled well it can not only impair developmental progress but lead to chronic anxiety
- Fear, Panic, and Rage are 'built in' to our brains (Panksepp)
- He comes by it honestly: The Genetics of Anxiety
- Socially – there are so many fears and worries that the child cannot cope and all efforts to self regulate don't work
- How do we help our poor kids with autism with all the demands and stresses of life?



# Resilience: Promote Functional Development





# Resilience Leads to Emotional Intelligence

- Resilience: ‘Positive adaptation despite adversity.’
- Mature handling of negative feelings and impulses
- Self efficacy/self esteem/sense of self
- Internal locus of control. Understanding whose problem is it?
- Sense of humor, hopefulness, flexibility
- Perspective: Don’t sweat the small stuff
  - (And it’s all small stuff.) How dangerous is life really?
- Fortitude, persistence
- **Creative, imaginative, playful**
- Enduring set of values



# Pretend: High Road to EI





# The Resilient Child





# Family Factors That Promote Resilience

- Parent warmth
- Marital and extended family support
- Belief in child
- Accepting the child for who they are
- High Sensitivity to sensory integration needs
- Recognizing the validity of the child's feelings
- Non-blaming, non-punitive but clear rules with consequences (see Good, Bad, Ugly)
- Message of competence/philosophy of 'can'
  - High expectations/Not 'infantilizing'
- **Promote play, imagination, and pretend**

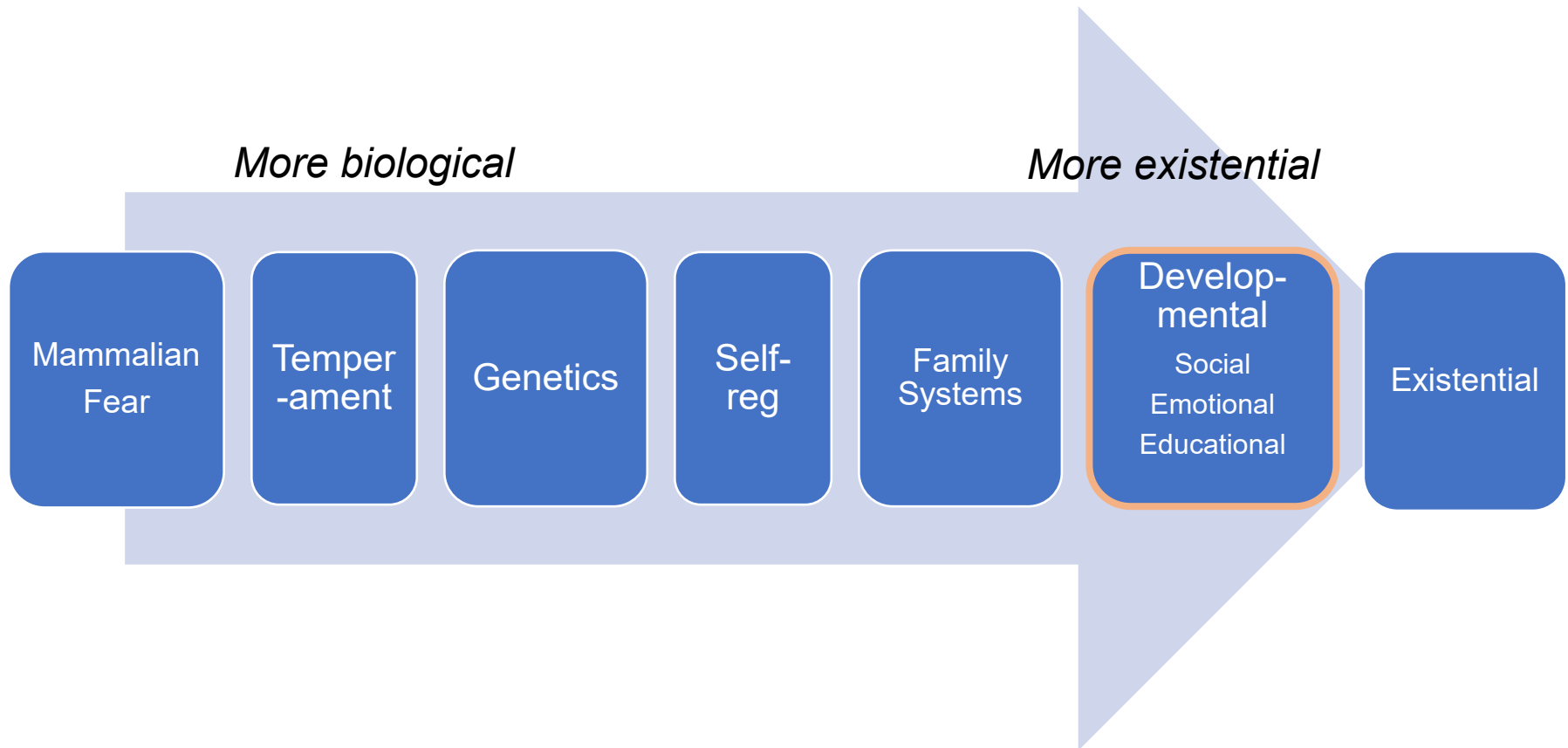


# Other Resilience Factors

- Positive school experience
  - Good teachers, friendly peers
- The 'cultural surround'
  - Religion/Spirituality
- Avoidance of trauma
  - Loss/death of a parent
  - School shootings
- Stressful life events
  - Divorce
  - Poverty
  - Illness
  - Immigrant status
  - Cultural/historical events—colonialism, racism,



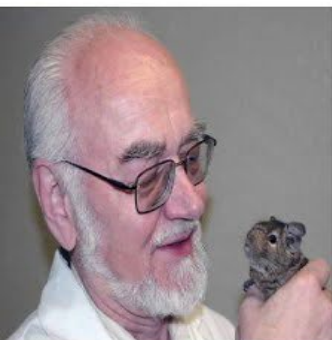
# Seven Sources of Anxiety





# Jaak Panksepp's Emotional Brain Tracks

## Panksepp's CORE Self - Based on Emotion!



Jaak Panksepp

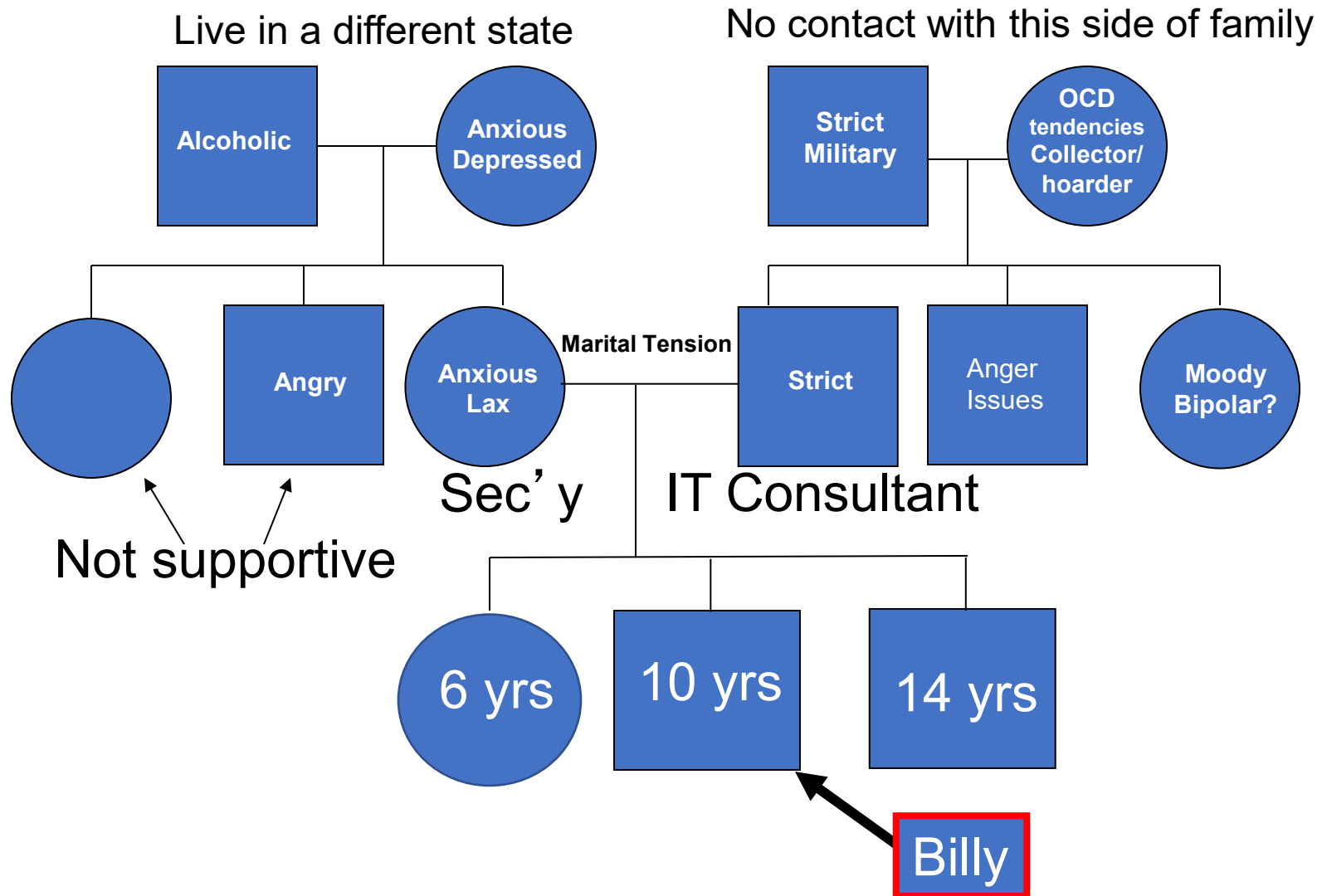
BASIC EMOTIONAL SYSTEM	MAMMALIAN PROTOTYPE AFFECTIVE STATES	HIGHLY COGNISED HUMAN VARIANTS
SEEKING	Motivation, motor patterns, interest, frustration	Desire to win/succeed, extreme sports, addictions, cravings, obsessions
RAGE	Anger, irritability	Contempt, hatred
FEAR	Anxiety, phobias, panic, psychic trauma	Worry
PANIC	Separation distress, sadness	Guilt, shame, shyness, embarrassment, poor self image
PLAY	Joy, glee, happy playfulness	Laughter, sense of humour
LUST	Erotic feelings	Jealousy
CARE	Nurturance, attraction	Love, romantic attachment, the pain of broken relationships

**Table 1: Prototype affective state and their human variants**

In humans the basic mammalian prototype affective states become melded with more complex self-images and images of the intentions of others towards us. For example shame, where we feel defective in the eyes of others, is derived from the PANIC system (data from Watt, 2005 & Panksepp, 2006).



# Genetics: Family History of Anxiety





# Temperament

Individual Differences—Removes Blame



Activity Level  
Sensitivity  
Regularity  
Approach/Withdrawal



(Slow to warm up)

Adaptability

Mood

Intensity

Persistence

Distractibility

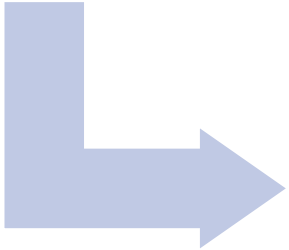




# Anxieties are Stage and Age Related

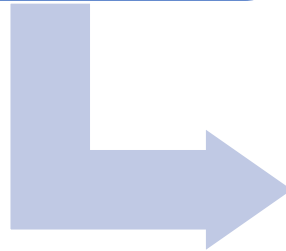
Early  
Childhood

- Resilience
- Usual Developmental Anxiety and Stress
- **Part 1: Preventing the progression to disorders**



School  
Age

- Anxiety Disorder
- OCD
- PTSD
- Social Anxiety
- **Part 2 Moving from Anxiety to Disorder**



Adolescent

- Add Identity issues
- Existential stressors
- Depression



# Keep the World the Same!

# A Habit In Motion Stays in Motion

AKA: “Intolerance of uncertainty”

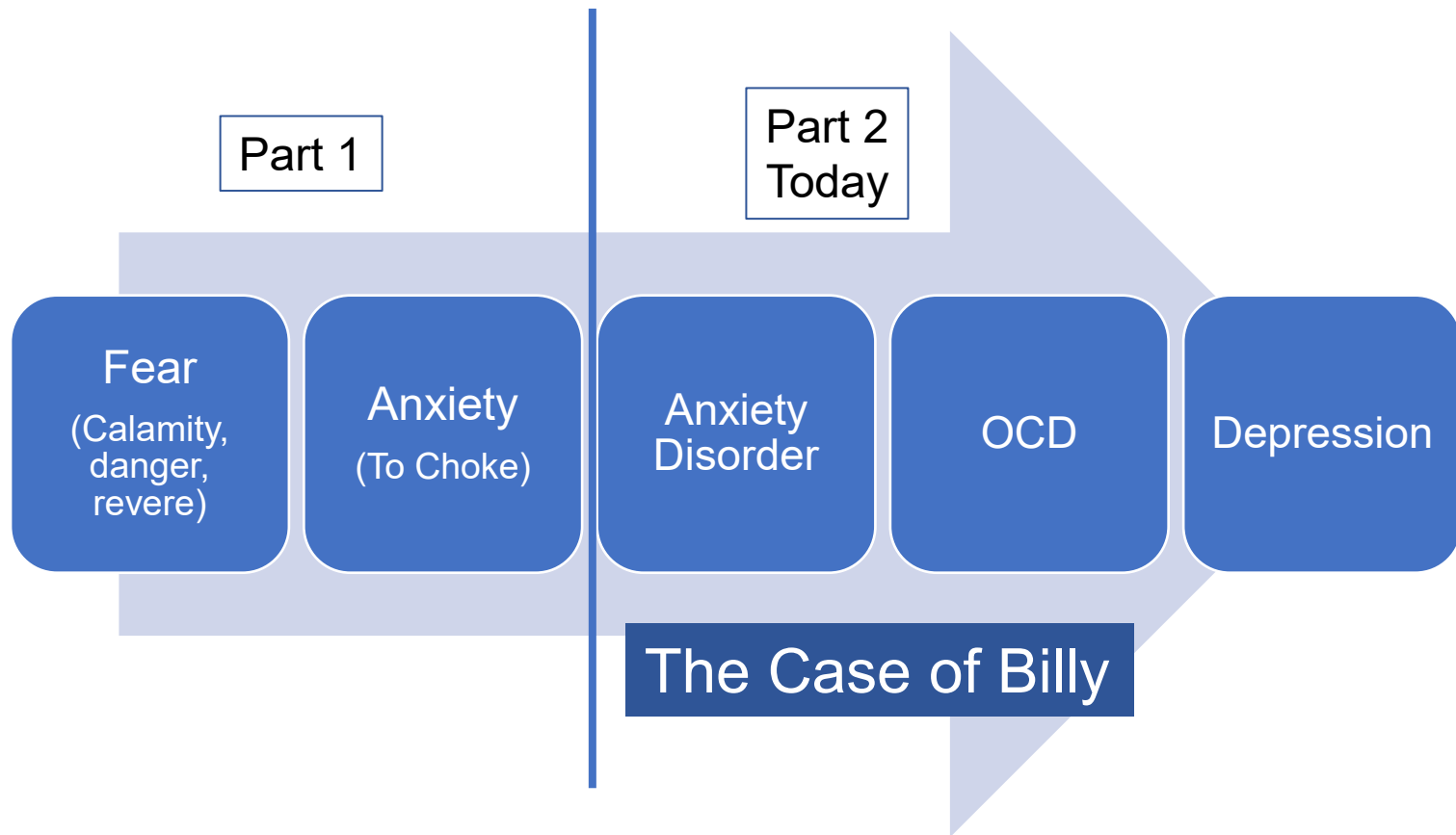


# When Anxiety Becomes A Disorder





# The Progression of Fear





# Autism & Anxiety Disorders

- 40% of autistic children, adolescents and adults are thought to have at least one and often more anxiety disorders (van Steensel et al., 2011), with specific phobias and social anxiety among the most common forms
- Unfortunately, it can be difficult to identify anxiety disorder in autism because it frequently presents in an unusual way (Kerns et al., 2014) as the case of Billy shows



# Anxiety: DSM 5 Diagnoses

My Focus  
Today

- *Generalized Anxiety Disorder*
- *Obsessive Compulsive Disorder*
- *Specific Phobias (e.g. school alarms, driving the wrong way, being told 'No'.)*
- PTSD
- Separation anxiety disorder
- Social Anxiety Disorder
- Panic Disorders
- Depression



# General Anxiety Disorder DSM 5

- Excessive anxiety and worry about a variety of topics, events, or activities
- Worry occurs more often than not for at least six months and is clearly excessive
- The worry is experienced as very challenging to control. The worry may easily shift from one topic to another
- In children, only one of these symptoms is necessary for a diagnosis of GAD:
  - Edginess or restlessness
  - Tiring easily; more fatigued than usual
  - Impaired concentration or feeling as though the mind goes blank
  - Irritability (which may or may not be observable to others)
  - Increased muscle aches or soreness
  - Difficulty sleeping (due to trouble falling asleep or staying asleep, restlessness at night, or unsatisfying sleep)



# Relevant Clinical Questions

- Is your child 'a worrier'?
- Worries about everything?
- Worries about nothing?
- Obsesses
  - About time and the future
  - Transitions
- Lack's perspective about what's important
- Shows up as excessive fears
  - Storms
  - Bees, bugs
  - Loud noises



# Anxiety Disorder

Begins as ordinary



Becomes excessive



Affects daily life





# When Anxiety Becomes an Anxiety Disorder?

- When behavioral, developmental, early intervention is not working
- When the child is developmentally at FDL 6+
- When the child is older—age 7+
- When the child is 80 lbs or heavier
- When functioning is impaired
- When the suffering is persistent/daily
- When misbehavior, tantrums, and aggression emerge as part of escalating anxiety



# When Anxiety Becomes A Disorder: A Case Study—Billy





# Case Study: FDL 6+: Jane (Mom), Rob (Dad) and Billy

- Billy is 10, **3<sup>rd</sup> grade**, in an ASD self contained classroom because of outbursts.
  - Peers are afraid of Billy. Touches them w/o asking. No real friends
  - Struggling with academics and avoidant of schoolwork
- FDL Profile:
  - **FDL 1\***: 75% 'Thomas' trains, Dinosaurs, iPad, music, Disney movies
  - **FDL 2**: 100% Easy to engaged. Well attached
  - **FDL 3**: 75-100% Interacts well for 5-10 circles but loses interest, very busy, easily distracted
  - **FDL 4**: 75% Trouble sustaining long continuous flow
  - **FDL 5\***: 75-100% Loves pretend. Swords, doctor, Thomas Trains. Loves Pixar movies. Talks well but in the form of questions
  - **FDL 6**: 50-75% Can recall the past. Puts 2 ideas together logically. Just beginning to ask/answer 'Why' questions. Loves going to Red Robin. Perseverates on "Going to Red Robin?"
- Physically big and strong (> 90 lbs). Early puberty?



# Billy's Case Study: Sensory Integration

- He has sensory integration issues
  - Hates loud sudden noises
    - Sneezes, coughs, honking cars, school bells, alarms
    - Noisy chaotic environments
  - Trouble with transitions—Wants to keep the world the same
  - Visual and map cognition OCD
    - Always wants to go the same way in the car
    - Food can't touch on the plate
    - Visual stimmer: lines up trains, loves iPad/Videos
  - Loves deep pressure/touch & tickles
    - Touches peers in school
  - Jumper and hand flapper especially when anxious or excited



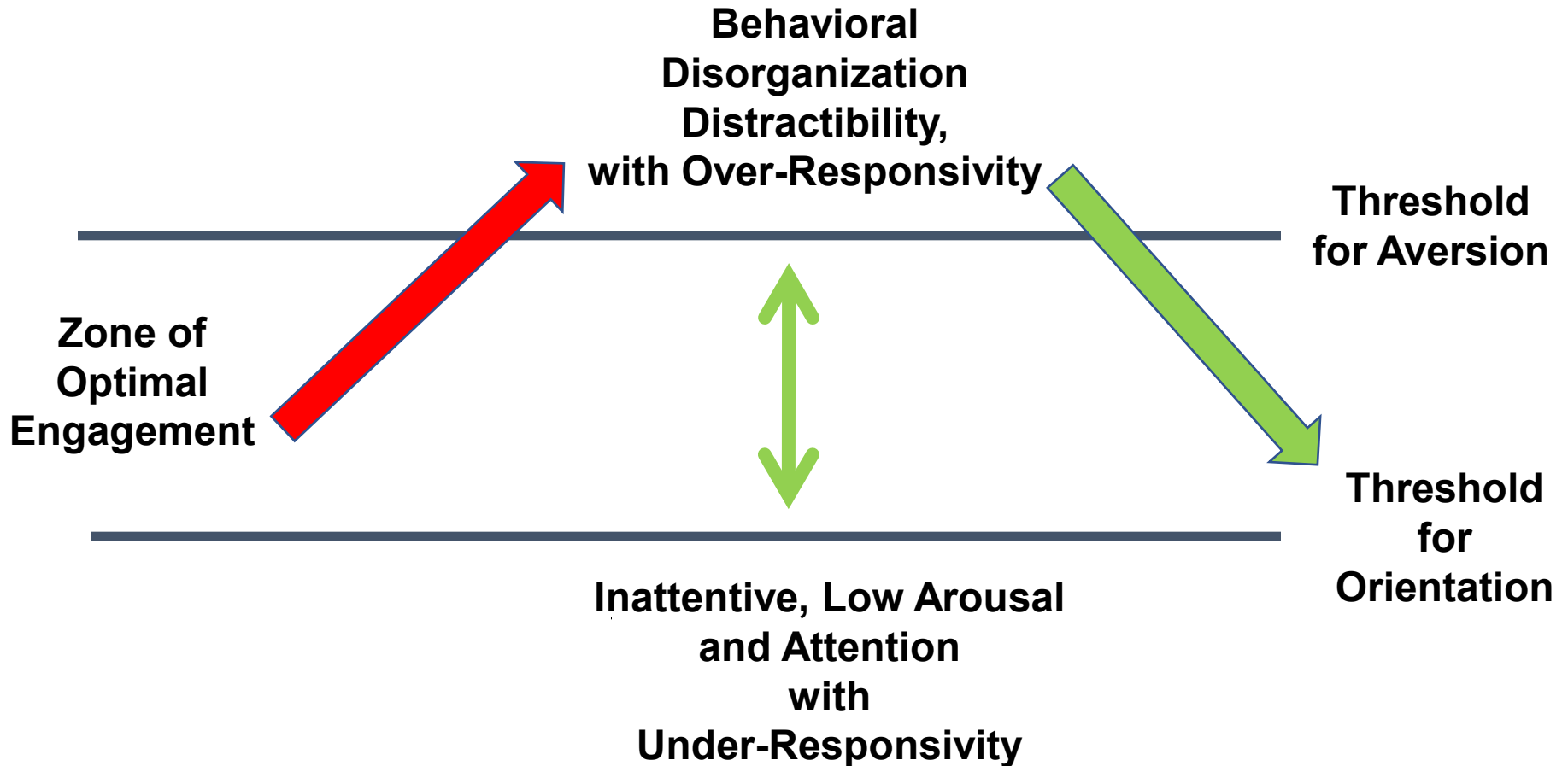
# Billy's Case Study: Dysregulation

- HWWHWWHW and if he doesn't get it—watch out!
  - Billy yells/screams, runs away, major tantrums increasing with hitting 1-2x/week. Triggered by anxiety. Impulsive
  - Psychiatrist wants to put him Risperidone
- *Temperament* is difficult, demanding, impatient, impulsive, and anxious
- Would spend hours on his iPad. It calms him down
- I diagnosed him with 'Mild to Moderate Autism', 'Regulatory Disorder', and 'Anxiety Disorder'
- Dysregulation characterized by avoidance at one end and explosive temper at the other end of the self regulation continuum—often due to anxiety



# Zone of Optimal Engagement

Marie Anzalone, Sc.D. OTR



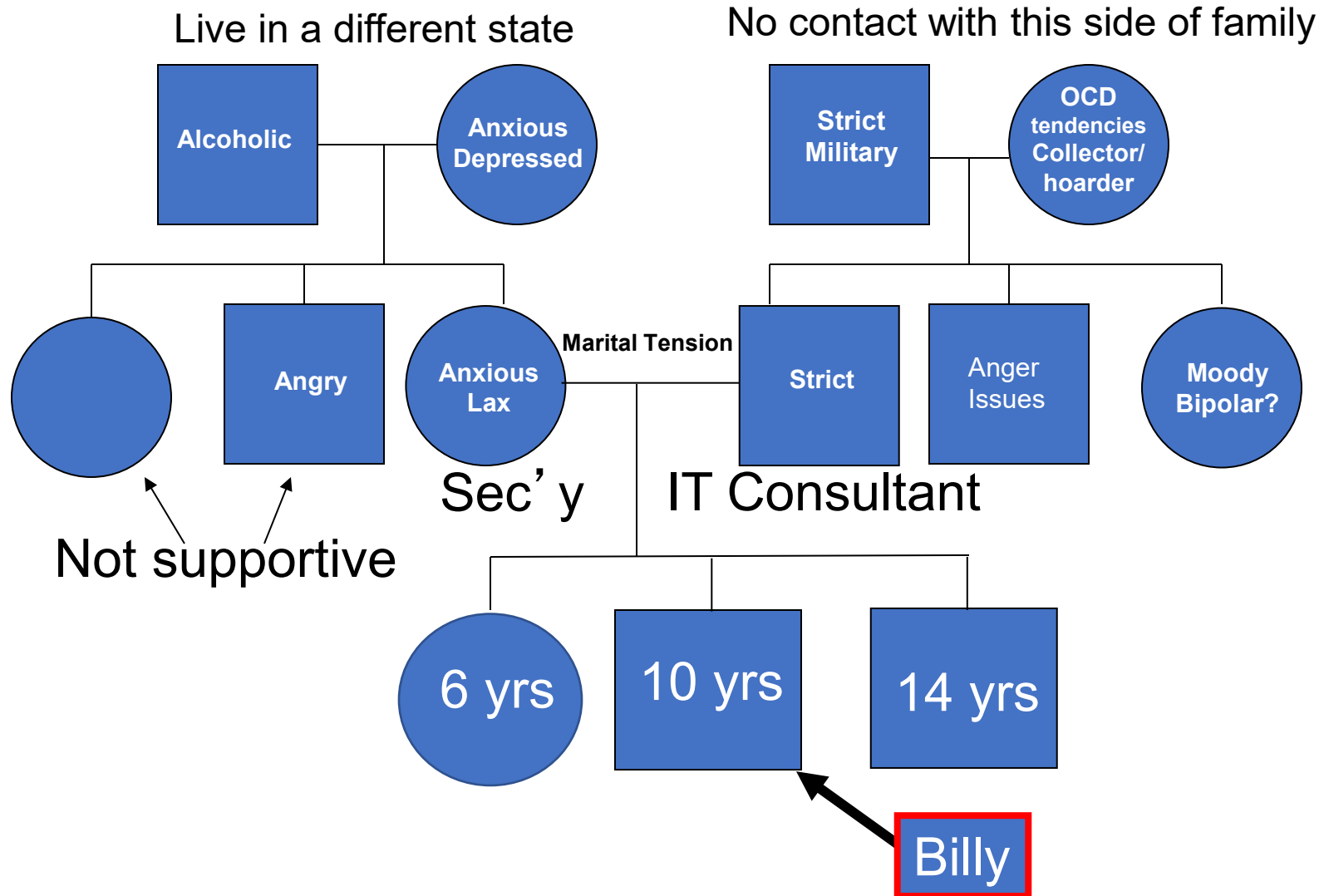


# Billy and School Stress

**Billy is not ready for 3<sup>rd</sup> grade  
academically or socially  
(Beware of Ageism!)**



# Billy's Family Genogram





# Billy's Family Dynamics

- Strong family history of anxiety, depression, alcoholism, bipolar disorder
- The parents are divided
  - Mom is tenderhearted and has trouble placing limits on Billy
  - Dad is a workaholic IT guy, rigid, strict, and mom suspects 'He is on the spectrum'
- There are two siblings one younger sister who is angry that Billy gets so much attention
- One older brother who is going through puberty and has withdrawn to his room from family life
- Billy worries 'about everything' and 'nothing' especially coming events, and school
- Signs of OCD behavior
  - Must go the same way in the car. Food can't touch on plate



# When Anxiety Becomes A Disorder: The Approach

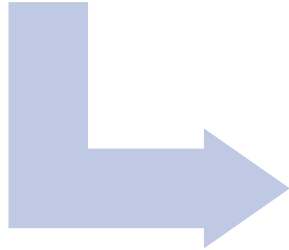




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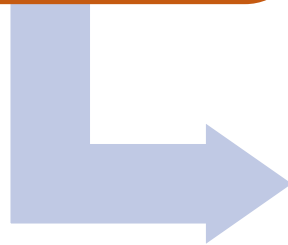
Early  
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School  
Age

- Anxiety Disorder
- OCD
- PTSD
- Social Anxiety
- **Part 2 Moving from Anxiety to Disorder**



Adolescent

- Add Identity issues
- Existential stressors
- Depression



# Main Interventions for Anxiety

- Reduce school stresses
- Address family issues
- Sensory relief
- Transition Tricks
- Address Alexithymia (50% with ASD can't recognize their own emotions).
  - Improve emotional thinking/reasoning
  - Use CBT, social stories, fables, and pretend
- For OCD: Exposure & Response Prevention



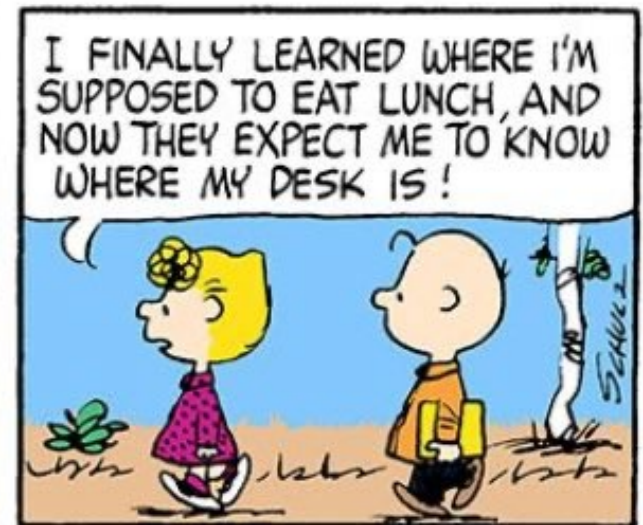
## Case Study: FDL 6+: Jane (Mom), Rob (Dad) and Billy

- At FDL 5-6, Billy has gained two main cognitive abilities that can increase anxiety or reduce it. . .
  - *If you know what to do!*
  - Can recall the past and predict the future
  - Can put two ideas together logically
- Typically, this makes it easier to explain things, so anxiety reduces
  - But Billy can imagine fears, has OCD, so anxiety increases
  - Paradoxically, when parents and school increase the demands because of developmental gains, this leads to more anxiety!
- Erickson's 'Autonomy vs Guilt'
  - FDL 5-6 children are seeking autonomy if parents promote it
  - Billy is overwhelmed/made anxious with demands and 'shoulds'



# Reduce School Stress

School for kids with ASD is often very **STRESSFULL!!**





# Billy's School Stresses

- Jane: “Teachers just don’t ‘get’ Billy.”
- Peers seem to shun Billy. He wants to be social but doesn’t know how to be
- Because he is older and bigger he spends a lot of academic time with *reading and phonics, ‘why’ questions, and reading comprehension*
- When the demands of school get too stressful, he acts out
- *Stoplight* behavior charts are making him anxious
- School is calling the family when Billy acts out threatening to suspend him
  - They must clear the classroom



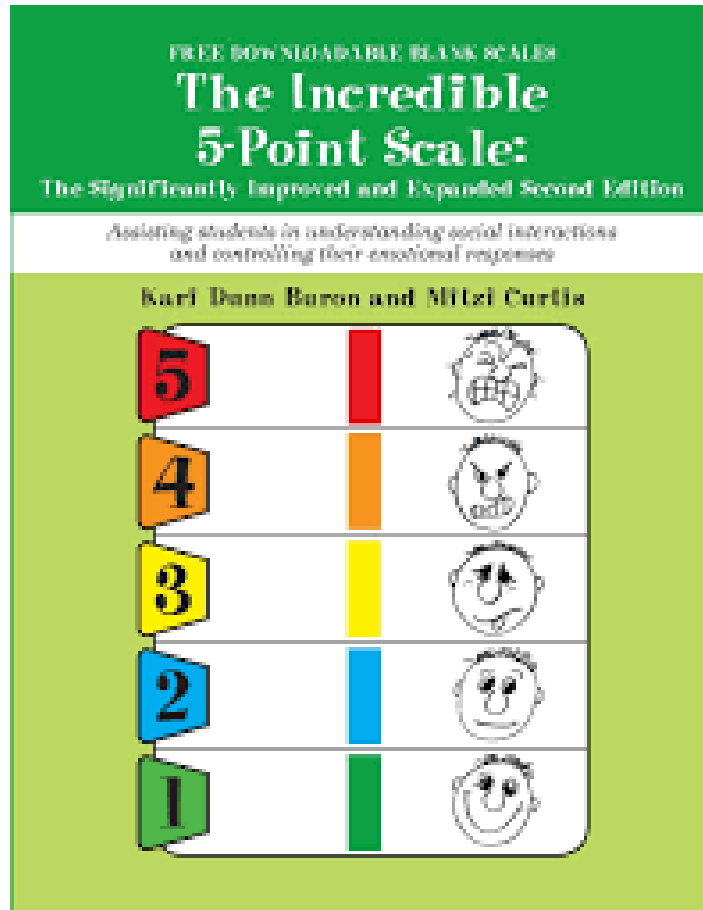
# Behavior Charts

- Schools often use behavior charts to give students feedback about their behaviors.
- This is NOT helpful for children with anxiety
- Often puts pressure on them and worsens anxiety.
- Rewards for good behavior can be helpful but only when combined with CBT approaches





# The Incredible 5 Point Scale



5	I AM GOING TO EXPLODE!!!
4	I AM GETTING ANGRY
3	I AM A LITTLE NERVOUS
2	FEELING OK
1	CALM AND RELAXED



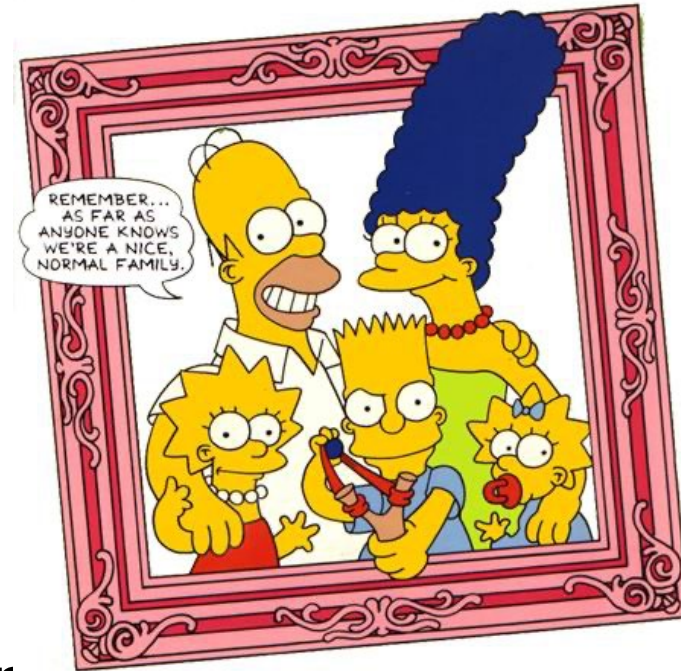
# Reduce School Stress

- Reduce the demands at school. Make learning fun!
  - ***Billy is more like a kindergartener academically***
- Focus learning on what he loves
  - ‘Thomas’, Dinosaurs, iPad, music, Disney movies—write these into his IEP
- Focus on his feeling life—help him label his feelings
- Beware of sensory issues—‘They do give him breaks.’
- Talk to peers about autism and how they can help Billy
- Ask, in writing, for a Behavior Intervention Plan (BIP)
- **DO NOT TAKE BILLY OUT OF SCHOOL FOR MISBEHAVIOR!**
- Parents: Put every important communication with the school in **WRITING!**



# Address Family Issues

- Mom and dad must be on the same page with 'rules for reasons and consequences'  
(See *The Good, The Bad & The Ugly*)
- Dad: "Billy doesn't listen."
- Give a 'message of competence' by expecting Billy to do what he can.
- Have a family meeting so sib resentment can be heard
- Family counseling as needed





# Deal with Sensory Issues

- Billy has clear sensory likes and sensory stressors
- Prefers deep pressure, loves water/baths, loves rides, loves iPad visual stim and music
  - These are all very soothing and parents use them, when possible, to reduce stress and anxiety
- Loud sudden noises, chaotic environments, going the wrong way in a car, certain foods textures and smells, food touching on the plate are sensory triggers for anxiety
- Do we accept his sensory sensitivities, or do we help Billy tolerate them?
  - Both (See OCD later).
  - Consult an OT



# Coping Strategies for Anxiety

- Teach the child how to cope with change and delay gratification
- Teach the child to be more flexible and mature in the face of change
- Give structure to make the transition predictable and 'keep the world the same'
- Give a framework for fears that's calming
- Create 'perspective'
- Reduce temper tantrums by helping the child 'use their words' and make better choices
- Improving social/emotional understanding paves the way for true social skills



# Strategies for Coping with Anxiety Disorder

- Transition Tricks
- Address Alexithymia
- CBT
- Social stories
- Fables
- Replays
- Desensitization
- Relaxation and Mental Imagery
- Medications



# A Developmental Approach to Transitions

- Developmental readiness is key
- Billy has made very good developmental progress now at FDL 5-6
- Talking in short sentences in the form questions
  - Want to go outside? Go to Red Robin? Want my iPad?
- Very good receptive language. Understands past and future, *what, where, who*, and some *why* and *when* questions
- Follows 2-3 step commands
- He wants his way, doesn't listen very well at all and has terrible problems with transitions



# Clean up breakdown for Billy

- Scenario: It's time to clean up and have lunch, in school. But Billy is engrossed in playing trains. She says "All done, Billy. No trains. Time for lunch." and he gets annoyed but doesn't listen. The teacher takes Billy's train away during clean-up time and he becomes upset and has a tantrum with aggression
  - How could she have Mirrored Feelings?
  - How could she have used Structure?
  - How could she have avoided a Sudden NO?



# Transition Tricks

- Mirror feelings
- Create structure
- No Sudden “Nos”!
- Tussling
- Preview/Review

**Plus 15 more Transition Tricks**  
**Plus creating your own fables**  
**Coming up at the next Masterclass**



# Address Alexithymia

- Alexithymia is the inability to recognize one's own emotions
- The main strategies (See above several examples) is the mirror the child's feelings back to them in a way they can understand.
  - CBT for Children/Adolescents with ASD
    - Social stories (Carol Gray)
    - The Incredible 5 Point Scale
    - Fables
    - Pretend ('Replays' & 'Attacking Anxiety' by Karen Levine)



# In CBT: Thoughts Drive Feelings

- *Cognitive behavioral therapy* has been shown through research to improve anxiety in children with ASD (see references)
- CBT: ‘Talking back to thoughts’
  - Step One – Make A List of Anxieties
  - Step Two – Understand the Unproductive Thoughts
  - Step Three – Create Replacement Thoughts.
  - Step Four – Revisit the list and thoughts often.
  - Step Five – Notice And Replace with better thinking.
- ‘Mind’ over ‘Brain’



# Social Stories\*, Fables, & Replays

- Give words to feelings (addresses alexithymia)
- Gives reasons that promote understanding
- Give perspective about what is real vs what is imagined (reduces anxiety)
- Promote *mastery* of difficult feelings and situations through repetition
- Re-gaining control and self regulation through frontal lobe/top-down understanding
- Incentives are not reasons

\*Carol Gray: Social Stories



# Desensitization

- Desensitization is the gradual exposure to an anxiety producing situation
- First mom just talked about school alarms and what they were for
- Then she showed him the picture of one
- Then she rang a small bell at home\*
- Then she played a school alarm on You Tube
- Then she asked the school to warn Billy about upcoming alarms so he could wear headphones
- It worked. School bells didn't make him anxious

\*Karen Levine: *Replays*



Autism & Anxiety

# Relaxation, Breathing, and Imagination





# Interventions for OCD

- OCD definition\*
  - Obsession: **a persistent disturbing preoccupation with an often unreasonable idea or feeling**
  - Compulsion: **repetitive behaviors or mental acts that a person feels driven to perform in response to an obsession**
- Autistic habits vs OCD: A common confusion
  - ‘A Habit in Motion Stays in Motion’ makes it hard to distinguish sometimes as repetitive interests are NOT OCD
  - But Billy definitely has OCD
- The child must want to get better from it



# Interventions for OCD

- A robust evidence-base supports the efficacy of CBT
- When Exposure and Response Prevention—ERP are not completely effective. . .
- Selective serotonin reuptake inhibitors (SSRIs) are indicated for the treatment of pediatric OCD\*
  - Increasing evidence for children with ASD + OCD
- Desire to get better is very important
  - Include the child
- Brain over Mind

National Institute for Health and Care Excellence.

<https://www.nice.org.uk/guidance/cg31/evidence/fullguideline-194883373>



# Medications

- Despite the comprehensive interventions for Billy's anxiety which helped him a lot. . .
- His genetics, OCD tendencies, and stressors left him anxious
- He was having regular upsets, misbehavior and aggression
- He was suffering
- He had trouble sleeping on Sundays before school
- His mom was stressed
- School was calling weekly about behavior
- He needed medications



# Medications



*"Of course you feel great. These things are loaded with antidepressants."*



# Medications

- I started Billy on Zoloft and adjusted the dose to help him with his anxiety and OCD
- It worked, substantially reducing his anxiety, pre-occupations, and obsessions
- His behavior in school improved
- His mom reported much less perseveration
- Car rides had improved but now he was calmer
- School alarms were not as upsetting
- I added some clonidine at night on Sundays for sleep.



# Anxiety & Autism: Conclusion

- The goals of intervention for anxiety and autism are two-fold:
  - First, to help the child not suffer
  - Second to promote the child's potential to grapple with the increasing complexities of life, cope, and be resilient
- By taking a comprehensive approach, we can prepare the child developmentally, emotionally, and socially
- By dealing with emotions, like fears and anxieties, promoting imagination and problem solving, we prepare the way for self understanding and social skills.
- For the child with autism, it is primarily through self understanding that we help him or her understand others, develop empathy, and emotional intelligence.





# Conclusion





# Thank You!

## Want More? Join Us for Upcoming Events!




-  **Masterclass: Transition Tricks**  
*Practical tools for helping children navigate change*  
**Thursday, September 25<sup>th</sup> | 12–1 PM ET**
-  **The Intensive Workshop Online (IWO)**  
*Connect to children with ASD with confidence*  
**August 6<sup>th</sup> – 27<sup>th</sup>**

Scan the QR Code to see all events





## Support your journey with PLAY-based strategies and expert insights!

-  **Autism: The Potential Within**
  - By Dr. Richard Solomon  
Discover the science, stories, and success of the PLAY Project approach.
-  **The PLAY Project Parent Guide**
  - A practical guide full of tips, tools, and encouragement for families.
-  **Visit the PLAY Store**
  - Explore all resources, books, & materials in one place! Scan the QR Code now!

