This article appeared in the Summer 2013 issue of *ASQ* (**www.ASQuarterly.com**), which is available both in print and via free app by searching on Autism Spectrum Quarterly.

Treating Fears and Phobias in Children with ASD

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Part One of a Three-Part Series

Mike is generally a happy child when he is not anxious. He gets on the school bus at 7:30 each morning, enters the main school door, and meets his teacher in his classroom. One morning after a restless night, Mike wakes up irritable and fearful, anticipating his doctor's appointment that afternoon. The bus is 20 minutes late and Mike becomes even more upset, as fear of being late is a phobia of his. Due to construction at the school, he has to go in the side door, but going in different doors makes him anxious. When he gets to his classroom and learns that there is going to be a math test—another phobia of his—he bursts into tears and tries to run from the room. Even though the staff try to calm him down and offer him rewards for starting his work, Mike continues to be upset on and off throughout the day. Mike has substantial anxiety, and events such as these are very difficult for him to manage.

Anxiety, and especially specific fears and phobias, are very common in the general population, and even more common in people with ASD. Some studies report that about 40% of people with an ASD diagnosis also meet criteria for an anxiety diagnosis, most commonly specific phobias (van Steensel, Bogels, and Perrin, 2011). Treatments, such as cognitive behavioral therapy (CBT) are often ineffective for many people with ASD due to their communication and/or cognitive challenges.

The focus of this series of articles is to provide pleasurable strategies that families, teachers, and therapists can use to help anxious children cope with fears. These strategies are based on components of evidence-based methods of CBT.

What is a Phobia?

Healthy fear is adaptive. In fact, many children with ASD don't experience enough healthy fear responses to some situations, and this can lead to dangerous behaviors such as bolting. Fear is considered maladaptive—a phobia—when the child's fear is extreme, out of proportion to the situation (often referred to as irrational), and/or interferes with his or her functioning. Here are examples of some common phobias:

A child …

- spends the morning at school fearfully anticipating the lunch bell;
- panics while approaching the doctor's office and needs to be sedated for routine medical care;
- screams in distress throughout hair washing;
- dreads going to school on special-event days and has trouble sleeping in the days leading up to them;
- is so afraid of making mistakes that he or she doesn't want to do school work;
- is so worried about losing that he or she avoids playing games with peers.

How Does a Phobia Develop?

Typically, though not always, a child experiences an event that he or she finds frightening, startling, or unpleasant. This event can then come to serve as a trigger for fear. For example a child may have been startled on hearing a balloon pop, or highly distressed from getting soap in his or her eyes during hair washing. The unpleasant event then serves as the trigger for the child's fear reaction when he or she approaches the same (or similar) event, as this fear typically expands to things associated with the original event. For example, if the child is initially afraid of thunderstorms, he or she may then become fearful of clouds in the sky because they might lead to a thunderstorm. This is referred to as *anticipatory anxiety* or "fear of fear."

In the face of this type of cycle, people naturally try to avoid the feared situation. As a result they don't get practice experiencing

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that they can, in fact, tolerate it. Caregivers may try to protect the child by avoiding the feared situation. This may be the best solution, provided that it does not severely limit the child's or family's life; however, sometimes this isn't possible as in the case of avoidance of school due to fear of a fire drill. Even when avoidance is feasible, it can limit children's experiences and keep them from being able to access enriching and fun-filled activities.

Another common approach employed by caregivers is to refrain from telling the child, in advance, about an upcoming feared event, in order to avoid anticipatory anxiety. Unfortunately, because this generally does not diminish the anxiety the child experiences during the actual event, he or she will continue to associate it with fear. Also this approach can make the child even more anxious, as he or she may worry about the event occurring at any time with no warning.

With effective treatment, even though the actual event may still be unpleasant, one can very often reduce the anticipatory anxiety leading up to it as well as decrease the degree of anxiety experienced within it. In other words, while shots still hurt; sounds still startle or hurt; and losing is less fun than winning, by reducing the degree of anxiety before and during events, these experiences can often become much more manageable for children. *

How to Treat Fears / Phobias

The key to treating phobias is to create a series of gradual steps consisting of tolerable levels of exposure to each feared component of the trigger event, while accompanying each step of that exposure with strategies to help the child decrease his or her level of distress.

The three-step process for treating fears / phobias consists of the following:

1. **Figure out the components of the event that the child fears.** While some fears may have just one component that is scary to the child, over time most take on multiple "bundled" components as discussed previously (e.g., fear of clouds vis-à-vis their association with a thunderstorm). Other fears are more complex and contain multiple bundled anxiety-triggering components from the start. For example, a child who is fearful about school birthday parties may also be afraid of the schedule changes that the parties involve and the sensory components associated with the singing and clapping. Hence, sensory, emotional, and associational components of events are all likely fear-inducing culprits that trigger anxiety.

   Even if one is unable to figure out *all* of the feared components involved in a child's phobia, it is important to figure out as many as possible, since breaking down or "unbundling" feared events into their separate components, and desensitizing the child to each one, is more likely to be successful than trying to desensitize a child to a bundled package of multiple fears.

2. **Determine and use self- and/or co-regulation strategies to decrease the child's distress during guided exposures to the feared event.** The specific strategies most effective for helping a child relax vary across children and situations. Many children benefit from co-regulating strategies; that is, those that involve another person, such as sharing humor with a favorite adult or peer, especially if the humor involves components of the feared event (e.g., the child pretends to give the adult "100 shots" while the adult yelps playfully), or adult-guided relaxation strategies. Self-regulating strategies include deep breathing, relaxation exercises, and other sensory activities. Favorite music, books, and even electronics can reduce anxiety and help a child tolerate small amounts of exposure to the feared situation. Self- and co-regulating strategies can also be combined.

3. **Determine the techniques / procedures to use for desensitizing the child to each of the event's components and then pair them with anxiety-decreasing measures.** Determining the techniques / procedures to use may seem puzzling at first. The goal is to figure out ways to increase exposure gradually so that each step is not scary and may even be pleasurable for the child. That said, *it is critically important to monitor the child's responses to these techniques and to adjust what you do accordingly, so as to maximize child interest and minimize fear.*

Below are some examples of techniques and procedures that can be used to gradually desensitize the child to various components of the feared situation or event:

Role play and pretend play. Use increasingly real props (e.g., the child's favorite superhero can go into the tub, be afraid of hair washing, and then be seen to "survive.") The child's doctor or dentist can supply real accessories such as a tourniquet and plastic tubing to use on dolls or stuffed animals or on the adult caregiver. These types of techniques are described in detail in the book, *Replays: Using Play to Enhance Emotional and Behavioral Development for Children with Autism Spectrum Disorders* (Levine and Chedd, 2009).

Electronics. For most feared situations (e.g., blood draws, fire drills, dentist visits, bugs, or birthday parties), there are

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Youtube or other videos online that caregivers may find helpful. Increasingly, there are Apps available to address common phobias in fun, child-friendly formats (e.g., Toca Boca series; My Playhome). There are also sites on the Internet (e.g., Soundsnap) that provide many feared sounds (e.g., toilet flushing, vacuum cleaners, loud laughing) that can be used in desensitization activities. One can also make video clips of oneself, a peer, or a teacher, doing the feared thing. Having the actor "ham it up"—for example, playfully feigning initial fear (e.g., dipping one toe in the pool and quickly removing it before ultimately swimming)—enables the child watching to vicariously experience gradual exposure to the fear paired with relaxed fun.

The adult can adjust these experiences to suit the situation. For example, watch video clips with the child initially with no sound; then have him or her control the loudness level by gradually increasing the volume. The same can be done with audio tapes that initially are barely audible. The adult can then act out pretend discomfort by covering his or her ears.

Structure real-life versions of the feared situation or event, absent the offending elements. For example, visit the doctor's office when the child does not have an appointment; spend time in the school cafeteria having snack with only a favorite adult and one other child.

To summarize, fears and phobias can be very debilitating. Yet, they can be treated, resulting in elimination of the fear in some cases and reduction of it in others. In the next two articles in this series I will provide many specific examples of how to treat various phobias using the model and steps delineated above.

*Medication to decrease anxiety and phobias can be helpful for some children. Further, working with a mental health counselor, behavioral consultant, and/or occupational therapist can also be beneficial.

References

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Bio

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NewsBrief

UC Davis Mind Institute's Rogers Receives Prestigious Autism Centers of Excellence Award from the NIH

April 2, 2013—Autism researchers at the UC Davis MIND Institute have received a prestigious $13 million award from the National Institutes of Health to establish an Autism Center of Excellence and Treatment Network, making the MIND Institute one of only nine such centers in the United States.

Announced on World Autism Awareness Day, the Autism Center of Excellence, or ACE, award underwrites a research program aimed at advancing the quality, pace, and coordination of autism research and is led by Sally J. Rogers, Ph.D., professor of psychiatry and behavioral sciences and principal investigator. Rogers will collaborate with scientists at Vanderbilt University, Nashville; the University of Washington, Seattle; and Harvard to conduct the research. The award will support two separate treatment studies designed to provide the most up-to-date data possible on the most effective methods of treating very young children with autism spectrum disorder (ASD).

Editor's Note: Congratulations to Dr. Sally Rogers, a member of *ASQ's* advisory board.