ANXIETY AND ANGER IN ADULTS

OVERVIEW
- Autism and Mental Health
- Comorbidities
- What is anxiety? What is anger?
- Interaction between ASC, Anxiety and Anger
- Managing anxiety

AUTISM AND MENTAL HEALTH
- Vulnerable to mental health problems
- 65% individuals have psychiatric disorder (Ghaziuggin et al 1998)
- Research showing that depression and anxiety are common both in adults and children, often more than non-autistic population.
- Difficulties with communication mean anxiety and depression can go undiagnosed and untreated (Howlin 1997)
- Mental health disorders can present differently (e.g. increase in routines)

COMORBIDITIES
- Many individuals with ASD are also diagnosed with mental health problems, personality disorders or other neuro-developmental diagnoses (OCD, trauma, borderline, ADD)
- Non stereotypical presentations (depression increase in rigidity)
- There is sometimes overlap between symptoms
- Misdiagnosis

WHAT YOU SEE AND WHAT THEY FEEL

You see:
- Shouting
- Throwing things
- Self-harming behaviours
- Aggression
- Refusal
- Isolating
- Repetitive motor behaviours
- Repetitive questioning

They feel:
- I don’t know what I feel
- I don’t know what to do
- I don’t know what to say
- I don’t know what is happening
- I need to get out of here
- I made a mistake
- Do something!
- Stop!

WHAT YOU SEE AND WHAT THEY FEEL

You only see the consequence of Anxiety and interpret this as Anger.
- You need to remember that there are difficulties with:
  - Interpreting and responding to emotional states
  - Communicating emotional state
  - Processing situations and arising emotional states
  - Anticipating and planning for emotional states
WHY IS IT IMPORTANT TO RECOGNISE THAT WHAT YOU SEE ISN’T WHAT YOU THINK IS HAPPENING?

“External” Consequences - Darren:
- 54 Convictions for violence, several years in Young Offenders Institutions and Prison
- Diagnosed with Asperger’s at age 35, September 2015
- Did not know that his “anger and violence” were due to anxiety
- Since starting on β-blockers (as a first step) he has had two weeks without a single “angry” outburst.

WHY IS IT IMPORTANT TO RECOGNISE THAT WHAT YOU SEE ISN’T WHAT IS REALLY HAPPENING?

“Internal” Consequences – Basil:
- Two psychotic episodes brought on by continuous stress and anxiety
  - “I came to the absolute intellectual conclusion that the only way to end my suffering was to set myself on fire. As it was, it was raining on that day and the nature of petrol and rain…”
- Diagnosed at the age of 56 in 2014.
- Has learned since then to look after himself by implementing daily anxiety-management strategies.

WHAT IS ANXIETY?

EVERYDAY STRESS | ACUTE ANXIETY
---|---
Constant high levels of anxiety | Periods of intense anxiety
Linked to difficulties of ASD | Specific triggers (e.g. change)
Linked to sensory environment | Often results in meltdowns or shutdowns
Managed through routine strategies and healthy living | Managed through healthy routine strategies AND specific interventions

ACUTE STRESS: MELTDOWN VRS SHUTDOWN
HOW DOES THIS LINK TO AUTISM?

Due to difficulties with communication
- difficulties in expressing emotions:
  - Difficulty in asking for help; “bottling up”
  - Difficulty in being diagnosed

RECOGNISING EMOTIONS

- People with autism find it hard to recognise emotions in others (e.g., facial expression and body language)
- But also it can be hard to recognise emotions within themselves, including anxiety.
- Or they may experience emotions differently (e.g., anger as good as it “might get things done”).
- Because of this anxiety can feel like it “comes out of nowhere” and without knowing why.
- Sometimes there can be an accumulative effect of unrecognised stress and anxiety.

SOCIAL INTERACTION

- Social situations causing anxiety
  - Feeling socially isolated leading to higher levels of anxiety (and depression). Being aware that how “different” they feel they are.
  - Socially vulnerable (e.g. bullying, abuse)

THE SOCIAL “FAUX PAS”

- Difficulty around instinctive social skills, excessive but not exhaustive planning; processing, ad hoc adaptation to changing social situations
- Often considered absolutely catastrophic
- Often re-played and processed later on; repetitive thinking; sleeping difficulties; intrusive thoughts
- Cause of retrospective and future anxiety

IMAGINATION AND FLEXIBILITY OF THOUGHT

- Poor Theory of Mind (e.g. reading other people’s mind, predicting the future)
- Difficulties with change
- Difficulties with planning and decision making
- Desire for routines and interest
- Linked to differences in executive functioning (the planning part of our brains)
SENSORY DIFFERENCE & ANXIETY

- People with autism are often hyper or hypo sensitive and this can make situations very stressful.
- When feeling stressed/anxious sensory sensitivities can get more intense.

MANAGING ANXIETY: WHAT CAN WE DO?

MANAGING ANXIETY

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<th>REVIEW</th>
<th>PLAN</th>
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<tr>
<td>• Developing self awareness</td>
<td>• General de-stress strategies</td>
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<tr>
<td>• Identifying triggers</td>
<td>• “First Aid Kit” to tackle acute stress</td>
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<td>Identify:</td>
<td>• Specific interventions for particular triggers</td>
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Do
- Try out the strategies
- Working together

REVIEW AND SELF AWARENESS

How does my autism affect me?

- What do I know about anxiety?

How does anxiety affect me and how do I communicate it?

- What triggers my anxiety?

REVIEW:
HOW DOES MY AUTISM AFFECT ME?

- What do they know about their autism?
- Think about the 3 key areas within autism and how this links to them: difficulties with socialising, communicating and thinking flexibly
- What about sensory issues (Adult Short Sensory Profile)?
- Discuss or write down the strengths and weaknesses the linked to their autism.
REVIEW: WHAT DO I KNOW ABOUT ANXIETY?

- Anxiety is a normal emotion but can be very difficult to deal with
- It is linked to our body and our fight and flight system
- It affects what we do, how we feel in our bodies and what we think

REVIEW: HOW DOES MY ANXIETY AFFECT ME AND HOW DO I SHOW IT?

- Map out anxiety using CBT model
- Specifically look at how it affects the body
- Start noting what anxiety is like day to day
- Look at how changes linked to anxiety

REVIEW: WHAT TRIGGERS MY ANXIETY?

- Everyday issues that cause mild anxiety: poor sleep, diet, lack of exercise, minor noise
- Triggers for acute stress: change, extreme sensory environments, meeting new people
- What effects on the person with ASC?

DEALING WITH ANXIETY

- Communication techniques
- Sensory techniques
- Identification, planning and structure
- Physiological techniques

WORRY BOX

- [http://cedar.exeter.ac.uk/media/universityofexeter/schoolofpsychology/cedar/documents/Worry_website_version_colour.pdf](http://cedar.exeter.ac.uk/media/universityofexeter/schoolofpsychology/cedar/documents/Worry_website_version_colour.pdf)
COMMUNICATION STRATEGIES

- Using what you know about the way the person with ASC communicates anxiety to build on
- Creating a language to talk about anxiety - specific words (linked to physiological/behaviour…I am feeling sick…)
- Create space to routinely talk about emotions/review week (although without pressure “if you want to talk to me you can”)

ACUTE STRESS: Short cuts…minimise verbal, visual, cards, gesture

SENSORY STRATEGIES

- Based on the things you have noticed.
- Regular chill out, relaxation time, calming spaces.
- Minimise uncomfortable sensations (e.g. ear plus, rules around touch, lighting)
- If you can’t eliminate the sensation having relaxation or “chill out time” before or after

ACUTE STRESS: Sensory Repair Kit / First Aid Kit / Chill Out Box

STRUCTURE STRATEGIES

- Regular use of timetables and planners (calendars, computers, reminders on phones) including times to relax and talk
- Structured environments (“your office is where you”)
- Scripting and social stories
- Set rules or manuals (e.g. what is expected at home)

ACUTE STRESS: Social Story for when I am stressed, a particular place to go to, Chill Out Box

PHYSIOLOGICAL STRATEGIES

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<tr>
<th>GENERAL</th>
<th>ACUTE</th>
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<tbody>
<tr>
<td>Exercise</td>
<td>Grounding techniques</td>
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<tr>
<td>Food</td>
<td>Creative destruction</td>
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<tr>
<td>Relaxation and Mindfulness</td>
<td>Safe environment/Being alone</td>
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<tr>
<td>Interests/Nature/Being alone</td>
<td>Simple breathing techniques</td>
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MANAGING CHANGE

WHEN WE CAN PLAN
- Planners, timetables etc
- Social Stories
- Photos and images (e.g., where you are going)
- Rewards and relaxation

UNPLANNED CHANGE
- General “chill out” strategies
- Create specific plans; “if it rains plan B is...”
- Clear plan on asking for help
- Working on problem solving skills

DO
- Checklist of questions:
  - When are you going to do this new thing, is it a good time?
  - Where is it going to happen?
  - What obstacles are there?
  - Working as a team?
  - Reminders that it may not go right initially

REVIEW...AGAIN!
- What worked, what didn’t?
- This process can build confidence
- It can also provide evidence to change beliefs...I can’t do this, my anxiety is too great!

PARENTS, PARTNERS, CARERS, FAMILY MEMBERS
- It can be distressing watching someone who is anxious and angry.
- It can be exhausting and easily taken personally.
- Look after yourself.
- Talk to others.
- Remember Anxiety is a symptom of ASC.

MEDICATION
- Medication can be helpful in reducing the physical and psychological effects of anxiety.
- There are number of medications that can be prescribed in the short term to start implementing some of the strategies and awareness-raising techniques.
- Medication is not a solution in itself, but it can help to reduce severe levels of anxiety so that practical approaches can be implemented.

QUESTIONS?