



Executive Summary

Autism, Anxiety, and School Functioning

Improving School Functioning by Reducing Anxiety in Children on the Spectrum.

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2.025RI Improving School Functioning by Reducing Anxiety in Children on the Spectrum

BACKGROUND:

Anxiety is commonly experienced by children on the autism spectrum, with approximately half of children on the spectrum having such high anxiety levels that they also meet criteria for an anxiety disorder. Anxiety causes many challenges for these children, as it furthers a child's impairment and leads to additional problems of aggression, oppositional behaviour, and poorer social skills relative to children on the spectrum who do not have anxiety. For this reason, we urgently need interventions that can effectively address anxiety for children on the spectrum. In particular, interventions are needed that can address the child's anxiety at school, as school is where anxiety is frequently experienced because it requires social, communication, and flexibility skills that are characteristic of autism. For example, a substitute teacher, field trip, or pop quiz can trigger emotional distress or outbursts that obstructs social and academic functioning. These problems are likely to further heighten anxiety, and limit the learning and academic outcomes of children on the spectrum. Surprisingly, there is yet to be a comprehensive investigation of the degree to which reducing anxiety leads to improvements in school functioning. Thus, the purpose of the present investigation was to address anxiety in children on the spectrum at school.

AIMS:

The first aim was to replicate the impact of a cognitive-behavioural program in decreasing anxiety in children on the autism spectrum, and to investigate if these benefits extend to decreases in related problems, including mood, social interactions, and, importantly, school functioning. We predicted that we would see large decreases in anxiety, but given the lack of clear previous research, we did not make a prediction about whether this benefit would extend to other domains.

Our second aim was to investigate if incorporating a teacher component into an anxiety program would boost the benefits of the standard program. We predicted that adding the teacher component would lead to a reduction in children's anxiety at school and an increase in children's school functioning (e.g., improvement in grades and attendance), relative to the standard anxiety program with no formal involvement of teachers.

METHODS:

A total of 24 families of a child with an autism diagnosis and high levels of anxiety were assigned, based on order of enrolment, to receive intervention immediately or waitlist (intervention-as-usual). Upon enrolment in the intervention, participants were randomly assigned to a 10-week group Cognitive Behavioural Treatment (CBT) or to receive the same CBT plus a teacher intervention. Teachers involved in the teacher intervention received 1 in-person session to cover the CBT topics in the groups, and an additional follow-up phone conversation to help trouble-shoot implementing the CBT strategies. Participating parents, teachers, and children were asked to complete measures of the child's anxiety, mood, social functioning, and school functioning immediately before intervention, immediately after intervention, and approximately 8 weeks after intervention.

RESULTS:

Of the 24 families enrolled, 18 completed the intervention. Of the 12 teachers invited to participate in the teacher intervention, 6 participated. Regarding our first aim, results replicated large benefits to parent-reported anxiety consistent with previous CBT trials; benefits such as decreased depression and social vulnerability, and improved attendance at school were also seen. Benefits were not significant on any child reported measures, although a non-significant pattern of similar benefits was found. With respect to our second aim, teacher reports and the impact of the added teacher intervention could not be examined due to low participation of teachers.

CONCLUSIONS:

This adds to previous studies documenting large parent-reported decreases in anxiety for children on the spectrum, and extends them to suggest that CBT for anxiety may benefit internalising symptoms more broadly. Conversely, minimal benefits were seen to children's adjustment at school, with only attendance showing improvement post-intervention. Although attendance is important as a first step to foster the adjustment and promote the wellbeing of these children at school, attendance alone is not sufficient. Despite our efforts to address children's anxiety at school by providing an intervention for teachers that was low in time demands and free of cost, we were not successful in answering our questions, due to low teacher participation rates. These low participation rates likely reflect other demands on teachers' time, as anecdotal comments by teachers and school principals prior to the research trial were very supportive of the research. As such, a priority for future research will be to consider how to best help these children address their anxiety at school. Perhaps targeting anxiety-reducing strategies at school that can be taught to teachers more generally will be a way to achieve this. Additionally designing CBT programs with school and class situations as a specific focus, in order to encourage children's generalisation of skills may provide more effective paths forward.