Come for answers...
stay for solutions

The Family Psychology Place

ADHD, Autism and
Anxiety / OCD

Can you have them all?

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Prevalence Rates

- **Anxiety Disorders:**
  - Most common mental health concern
  - More common in females than males
  - 12% of youth aged 12 – 17
  - 2023 study showed that 26% of adolescents aged 16 – 21
  - Prevalence is lower in 5 – 11 year olds as many fears and worries are considered developmentally normal at this age

- **OCD:**
  - Affects 1 – 3% of children and adolescents (with 0.3 < 12 years)
  - Nearly 25% of boys who develop OCD do so before age 10
  - OCD can occur in children as young as 4, but most commonly appears between ages 8 - 12

Prevalence Rates Continued

- **ADHD**
  - Most common neurodevelopmental disorder in youth
  - Estimated to be between 5 – 9 %
  - Average age of diagnosis is 7
  - Boys are about 3 x more likely to be diagnosed than girls
  - About 70% of children with ADHD continue to experience symptoms into adolescence

- **ASD**
  - 1 – 50 (2%) of of children and adolescents aged 1 – 17 years
  - Males are about 4 x more likely to have ASD
  - Roughly 50% of children are diagnosed before the age of 5

Definition and Core Features of ASD

- ASD affects how children communicate, interact with others and experience the world around them:
  - *Social Communication Differences* – talking with others, eye contact, social cue, play, friendships
  - *Repetitive Behaviours and Interests* – strong routines, repetitive actions like hand flapping or lining up toys, or an intense focus on a specific topic or object
  - *Sensory Sensitivities* – <u>some</u> children can be very sensitive to sounds, lights, textures or other sensations (heat, cold).

Every child with ASD is unique. Symptoms range from mild to severe. Some children need a lot of support, while others need less.

Definition and Core Features of Anxiety / OCD

- **Social Anxiety Disorder**
  - Fear of being judged or embarrassed in social situations
  - Almost always avoid talking, joining activities, maybe even going to school.
  - Anxious thought is that they will be judged by someone who is present in the situation
- **Generalized Anxiety Disorder**
  - Worry associated with self imposed, unrealistic standards.
  - Worry about more than just performance or interpersonal situations, but usually real world life issues.
  - Worry can make them feel tired, irritable, affect sleep or concentration.

- **Panic Disorder**
  - Fear having a panic attack (symptoms of flight, flight or freeze) or physical symptoms of anxiety.
- **Separation Anxiety Disorder**
  - Fear of loss of or separation from loved ones – loved ones won't be there, won't come back, or that something bad will happen to themselves to cause separation.
- **Selective Mutism**
  - Not defiance or shyness, child wants to speak but feels too anxious to do so.
- **Specific Phobia**
  - Intense, uncontrollable fear of something that isn't dangerous
  - Usually avoid the object / situation

- **Agoraphobia**
  - Fear of being in places where it might be hard to escape

- **Obsessive Compulsive Disorder**
  - Unwanted/intrusive thoughts (obsession) where they feel they must do certain actions (compulsion) to feel less anxious.
  - The amount of time spent doing things to feel safe interferes.
  - Appears confusing for parents because the rituals or worries aren’t related to real-life worries.

Definition and Core Features of ADHD

- **Inattention:**
  - Trouble focusing, easily distracted, forgetful
  - Often struggles to start and finish tasks
- **Hyperactivity:**
  - Fidgety, always moving, talks a lot.
  - Finds it hard to stay seated or play quietly.
- **Impulsivity:**
  - Difficulty waiting their turn
  - Interrupt others
  - Act or speak without thinking

When Conditions Collide: Co-morbidity

- **Statistics:**
  - 80% of children with ADHD have another diagnosis
  - 94% of children with an anxiety disorder have at least one other diagnosis*
  - 40 – 60% of ASD children also have anxiety and/or ADHD**
- **Why co-morbidity happens:**
  - Brain differences
  - Shared genetic factors that make a child more likely to have more than one condition
  - Symptom overlap suggests that a child that struggles in one area (social skills or focus) may be more likely to have challenges in other areas.

*2019 Pediatric Anxiety Disorders
**HERO Study Duke Center for Autism Science

When Conditions Collide: Impact on Functioning

- **Daily Life is Harder**
- **Social and emotional struggles are impacted**
- **Learning and Attention can be more severely impacted**
- **Behavioural Challenges can worsen**

  - Having ASD and ADHD is associated with greater impairments in socialization
  - Having ASD, ADHD, and anxiety is associated with poorer daily living adaptive skills
  - Children with ASD alone typically have lower scores on repetitive and restricted behaviours

* Avni et al 2018

Getting it Right: Avoiding Misdiagnosis?

- **Evidence based assessment tools:**
  - Clinical interviews and observation
  - Rating scales
  - Standardized measures
  - Input from others: primary care physicians, pediatricians, teachers
  - When assessing ASD, we need to assess for ADHD and anxiety

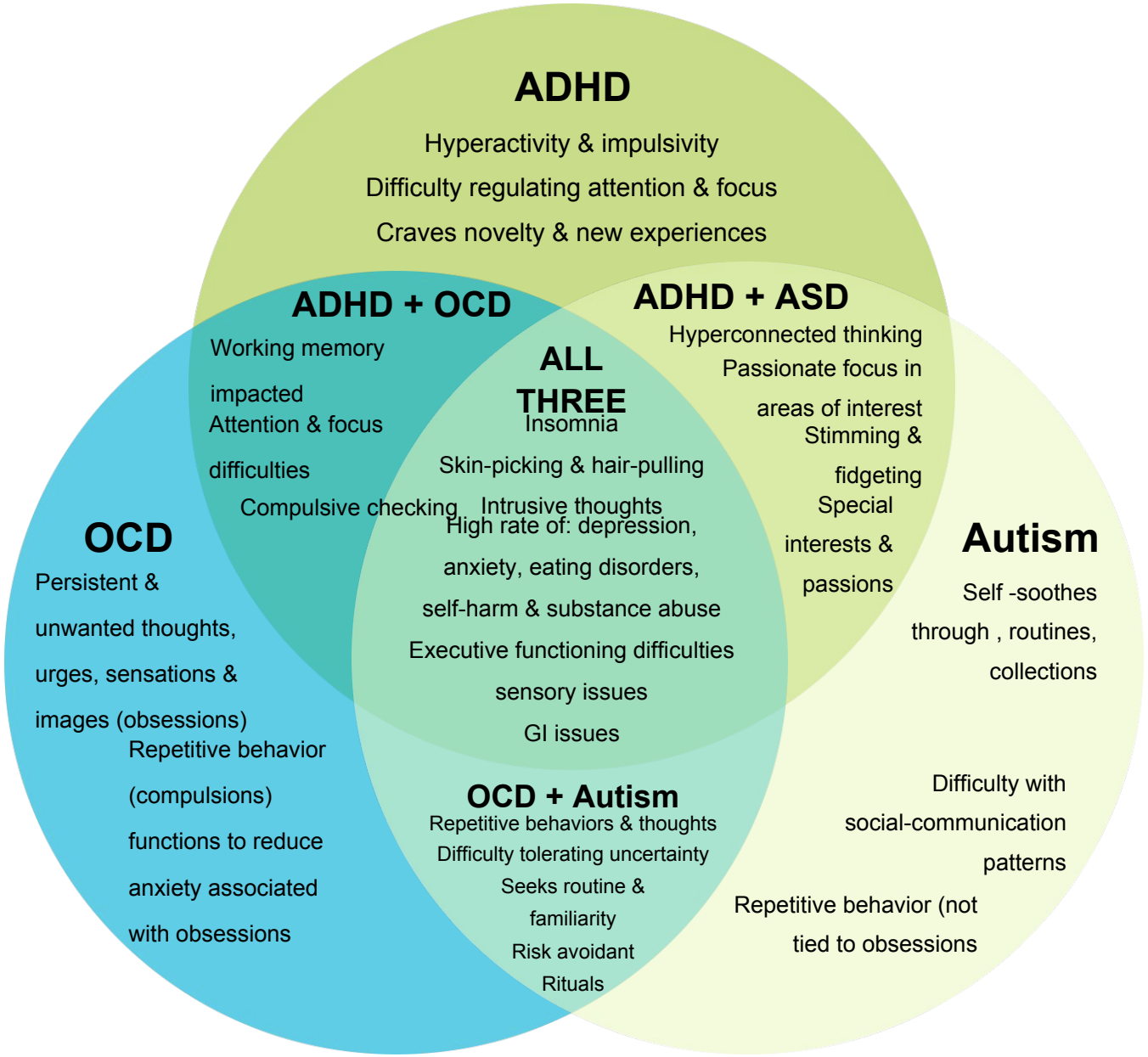
- **Important Factors to Consider:**
  - Gender
  - Cultural factors***
  - Stigma
  - Family Stress

Example of Overlap

- **Routines / Rituals:**
  - **ADHD:**
    - Routines bolster executive functioning and decrease stress and anxiety.
    - Routines are pragmatic and designed to navigate daily life.
  - **ASD:**
    - Rituals are for sensory regulation and predictability.
    - Offer comfort rather than a way to avoid negative outcomes (being late.
    - Not fear, but as a self-soothing action that addresses sensory needs but impairs and impacts functioning.
  - **OCD:**
    - Used to avoid harm, they are a response to anxiety/fear and offer temporary relief but not pleasure or comfort.

How Parents can help Determine Underlying Cause

- When does the challenging behaviour happen the most?
- What is the frequency of that behaviour?
- Is the behaviour part of a functional routine?
- How long does the behaviour last?
- Are there things that make the behaviour worse (hunger, transition, exhaustion?)
- Can you find a trigger?
- Does this behaviour have a function that seems reasonable?



Neff, M. A. (2022). *ADHD-Autism-OCD* [Infographic]. Neurodivergent insights. https://neurodivergentinsights.com/wp-content/uploads/2022/08/OCDvsADHDvsAutism-819x1024.webp

Treatment Toolbox

- **ADHD**
  - Behavioural interventions
  - Executive functioning supports
  - Emotional regulation
  - Medication
- **ASD**
  - Social skills
  - Behavioural interventions
  - Counselling / pyschoeducation
  - Medication for co-occurring symptoms
- **Anxiety / OCD**
  - CBT
  - E/RP
  - Medications

Treatment Toolbox Continued
Challenging Behaviours

Guidelines for parents:

- Don’t take it personally, it isn’t about you
- The behaviour is challenging, the child is not
- De-escalate first, problem solve later
- There is always a reason (even if we don’t see it)
- Have empathy, just imagine what your child is going through.

Ways to help:

- E/RP for impairing emotional outbursts
- Co-regulation and self-regulation

Time for Questions