

Anxiety: A Concern in Children with Autism Spectrum Disorders (ASD)

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DESCRIPTION

Many children with Autism Spectrum Disorder (ASD) will receive another diagnosis at some point in their development. According to a study, seventy percent of a sample of children's with ASD, aged 10 to 14, had also been diagnosed with another disorder. One or more other diseases were present in 41% of cases. For those with autism spectrum disorders, these additional conditions, sometimes known as comorbid diagnoses, can occasionally be extremely debilitating. Anxiety-related diagnoses are the most common ones [1].

Recent studies have concentrated on the existence of anxiety disorders in children under the age of 18 who have ASD. After reviewing these data, researchers came to the conclusion that 40% of children's with ASD also had one or more comorbid, medically recognized anxiety disorders. Numerous disorders are classified as anxiety disorders by psychologists, but the common denominator in all of them is the presence of excessive worry and fear [2].

Children with ASD exhibit more severe symptoms of phobias, obsessions, compulsions, motor and vocal tics, and social phobia than other groups of children's, according to this study. Many children's and teens with ASD suffer with anxiety on a daily basis, even without receiving a formal diagnosis. For instance, anxiety can make it very challenging for children's with ASD to do anything, such as make friends, go shopping, or use public transportation.

Anxiety and autism

Children with ASD frequently exhibit behaviors that are similar to signs of many different anxiety disorders. For instance, repetitive and stereotyped behaviors in children with ASD may resemble obsessive-compulsive disorder. For this reason, there is debate about what constitutes a unique condition and what should be considered symptom overlap by psychologists. Adolescents with high functioning autism or Asperger's syndrome appear to be one group of children on the spectrum who are more likely to be given an anxiety disorder diagnosis. According to many researchers, this might be the case because adolescents with moderately good cognitive functioning may have a heightened awareness of their surroundings and how

others view them. The disparity between adolescents with ASD and their peers may get worse as they approach adolescence. Alternately, a child with greater intellectual impairment may experience less anxious or might find it more difficult to express their fears in a way that allows for a formal diagnosis [3].

It will be far more difficult for children's and teenagers with ASD to self-report their anxious symptoms, many of which may only occur internally (i.e., consistent worry). Due to these restrictions, diagnosing people with ASD can be challenging due to the challenges with self-report. Some contend that different ways of measuring anxiety in people with ASD may need to be developed. For instance, interviewing individuals who often contact with the person may be a better approach to determine their level of anxiety. Adults' accounts, however, aren't always reliable. For instance, research has shown that instructors exhibit much more worried behavior than parents. This can be the case because parents' and/or teachers' reports of these behaviors are unreliable, or it might be the case because anxious symptoms manifest themselves more frequently at school than at home [4]. Therefore, there is obviously room for improvement in the measurement of anxiety in children and teens with ASD.

CONCLUSION

Cognitive-Behavioral Therapy (CBT) is the most effective treatment for anxiety disorders. Gradual exposure, or taking small steps toward encountering anxiety-inducing situations, is a technique used in cognitive-behavioral therapy. It also involves teaching relaxation techniques. Additionally, it employs cognitive restructuring, which entails recognizing erroneous thought processes, making an effort to alter them, and role-modeling reasonable behavior. The foundation of CBT is the idea that altering maladaptive thinking, such as magnifying negatives or overgeneralizing, can result in altering maladaptive behavior.

Using traditional CBT with children and adolescents who have ASD may provide some challenges. Researchers have discovered that parent participation, the use of more concrete pictures tailored to the child's interests, and these difficulties must all be addressed. Despite claims to the contrary, psychologists have found that CBT improves the high-functioning ASD children

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Received: 25-Aug-2022, Manuscript No. AUO-22-19692; **Editor assigned:** 30-Aug-2022, PreQC No. AUO-22-19692 (PQ); **Reviewed:** 13-Sep-2022, QC No. AUO-22-19692; **Revised:** 20-Sep-2022, Manuscript No. AUO-22-19692 (R); **Published:** 27-Sep-2022, DOI: 10.35248/2165-7890.22.12.342

Citation: Brasher B (2022) Anxiety: A Concern in Children with Autism Spectrum Disorders (ASD). *Autism Open Access*. 12:342

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who have high functioning theory of mind, which is a requirement for engaging in CBT procedures.

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