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Unusual fears in children with autism

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ABSTRACT

Unusual fears have long been recognized as common in autism, but little research exists. In our sample of 1033 children with autism, unusual fears were reported by parents of 421 (41%) of the children, representing 92 different fears. Many additional children had common childhood fears (e.g., dogs, bugs, and the dark). More than half of children with unusual fears had fears of mechanical things, heights, and/or weather. The most common unusual fear was fear of toilets, and the most common category was fear of mechanical things. Amazingly, many of the fears reported in our sample were described in children with autism 70 years ago by Kanner, including fear of vacuum cleaners, elevators, mechanical toys, swings, and the wind. Children with autism perceive, experience, and react to the world differently than children without autism. What is tolerable for most children (e.g., clouds in the sky, a change in activity or routine, sensory input, or a performance request) might be terrifying, distressing, or infuriating for a child with autism. It is critical to assess for unusual and common fears in children with autism because they are present in the majority of these children, they further impair functioning, and effective treatment is available.

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1. Introduction

1.1. Anxiety and phobias

Children with autism have higher levels of anxiety than the norm (Bellini, 2004; Brereton, Tonge, & Einfeld, 2006; Gadow, DeVincent, Pomeroy, & Azizian, 2005; Gillott, Furniss, & Walter, 2001; Hurtig et al., 2009; Kim, Szatmari, Bryson, Streiner, & Wilson, 2000; Mayes, Calhoun, Murray, Ahuja, & Smith, 2011; Russell & Sofronoff, 2005). In a study of over 1000 children with autism, other clinical disorders, and typical development, mothers of 79% of children with high functioning autism (HFA) and 67% of children with low functioning autism (LFA) reported anxiety in their children and maternal ratings of anxiety did not differ between children with an anxiety disorder and children with HFA (Mayes et al., 2011). Half or more of children with autism meet criteria for an anxiety disorder (Ghaziuddin, Weidmer-Mikhail, & Ghaziuddin, 1998; Leyfer et al., 2006; Muris, Steerneman, Merckelbach, Holdrinet, & Meesters, 1998; Sukhodolsky et al., 2008). Of all types of anxiety disorders, specific phobia is the most common in children with autism, with incidences of 31% (Sukhodolsky et al., 2008), 34% (Mattila et al., 2010), 44% (Leyfer et al., 2006), and 64% (Muris et al., 1998). In contrast, estimates of phobias in children in the general population range from 5% (Ollendick, King, & Muris, 2002) to 9% (Lichtenstein & Annas, 2000) to 18% (Muris & Merckelbach, 2000).

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1.2. Hypersensitivity

In addition to elevated anxiety, children with autism are easily upset and have difficulty tolerating new situations and certain sensory experiences. Reactions may include anxiety, distress, and anger (Mayes & Calhoun, 1999, 2011). In a study by Mayes, Calhoun, Mayes, and Molitoris (2012), 93% of children with autism were distressed by change, versus 21% of children with ADHD and 13% of typical children. Most (74%) children with autism were hypersensitive to sounds, smells, temperature, or light (ADHD 15%, typical 5%), 46% were distressed by commotion or crowds (ADHD 8%, typical 2%), and 66% had tactile defensiveness and were bothered by, for example, the feel of certain clothing, having their face washed or teeth brushed, or getting their hands dirty (ADHD 23%, typical 8%).

1.3. Fears

Unusual fears have always been recognized as a feature of autism. In the brilliant first account of autism by Kanner (1943), Kanner wrote that “loud noises and moving objects” are “reacted to with horror” and things like “tricycles, swings, elevators, vacuum cleaners, running water, gas burners, mechanical toys, egg beaters, even the wind could on occasions bring about a major panic” (p. 245). The DSM-IV continues to note “excessive fearfulness in response to harmless objects” in children with autism (American Psychiatric Association, 2000, p. 72). Odd and intense fears are found in 40% of children with autism (Mayes, 2012; Mayes et al., 2012), whereas unusual fears are present in only 0–5% of children without autism, including children with a learning disability, language disorder, ADHD, mental retardation, and typical development.

A literature search revealed only a few studies investigating the types and frequencies of fears in children with autism (Evans, Canavera, Kleinpeter, Maccubbin, & Taga, 2005; Matson & Love, 1990). Using parent report and a list of 69 fears, Evans et al. (2005) reported that their sample of 25 children with autism had more situation phobias and medical fears than children with Down syndrome and normal controls. Using parent response to a list of 80 fears, Matson and Love (1990) found that their sample of 14 children with autism had more “fears of the unknown” than the 14 typical children. In this study, some of the most common fears for the children with autism and typical development overlapped (fear of getting a shot, being punished, and dark places), but children with autism had frequent fears that were not among the 10 most common for typical children. These included fear of thunderstorms, big crowds, and closed places. Further, parents of typical children reported only two additional fears in their children that were not on the fear list (alligators and frogs), whereas parents of children with autism reported 12 additional fears (e.g., stairways, noises, machinery, taking a shower, person crying, thunder and lightning, and changes in ground texture).

1.4. Purpose

No study has investigated unusual fears in a large sample of children with autism or variables associated with these fears. The purpose of our study is to determine and categorize unusual fears in children with autism and identify variables associated with the presence or absence of these fears. Research on fears in children with autism and other clinical disorders is scarce (Evans et al., 2005; Matson & Nebel-Schwalm, 2007). Additional studies are needed to better understand the frequency and nature of fears in autism. This is especially important because phobias further impair functioning in children who have autism (Matson & Love, 1990), and evidence-based treatment is available to reduce or eliminate these fears.

2. Methods

2.1. Sample

Our sample of 1033 children with autism consists of 651 with HFA (defined as $IQ \geq 80$) and 382 with LFA ($IQ < 80$) 1–16 years of age ($M 6.4$, $SD 3.2$). IQs on the Bayley Mental Scale, WPPSI-III, WISC-III, or WISC-IV ranged from 8 to 146 ($M 86.3$, $SD 28.2$). Males comprised 83.3% of the sample, 90.8% were white, and 34.9% had a parent with a professional or managerial occupation. The children were evaluated in a psychiatry diagnostic clinic by licensed Ph.D. psychologists using DSM-IV criteria. The diagnostic evaluation included an interview with the parent about early history and current symptoms; a review of early intervention, school, and medical records; scores on behavior and autism rating scales completed by parents, teachers, and child care providers; and observations of the child during psychological testing. All children with autism had a clinical diagnosis of autism and a score in the autism range on the Checklist for Autism Spectrum disorder (CASD; Mayes, 2012). The 30 symptoms of autism on the CASD are scored as present (either currently or in the past) or absent by the clinician based on a semi-structured interview with the parent, information from the child's teacher or child care provider, observations of the child, and other available records. The CASD is for children 1–16 years of age and is completed and scored by clinicians or parents in 15 min. The CASD is normed and standardized on 2469 children with autism, other clinical disorders, and typical development (Mayes, 2012). Children with both HFA and LFA earn CASD total scores at or above the autism cutoff of 15 (Mayes & Calhoun, 1999, 2004, 2011). In contrast, children with typical development, mental retardation, ADHD, language disorder, learning disability, cerebral palsy, traumatic brain injury, hearing impairment, anxiety disorder, depression, and oppositional-defiant disorder score below 15 on the CASD completed by clinicians (Mayes, 2012; Mayes et al., 2012).

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