Preface

It is currently an exciting, but turbulent, time for those studying, assessing, treating, and researching autism spectrum disorder (ASD). It is also a challenging time for individuals with ASD and their families, as they grapple with the upshots of the recent changes in the DSM and what the diagnostic labels mean to them both personally and with respect to service procurement. For the last several decades, estimates of the prevalence of ASD have increasingly indicated the disorder is becoming more and more common, with rates of 1 in 1000 children in 1980, to 1 in 150 children in 2000 to 1 in 88 children as of 2008 (Centers for Disease Control and Prevention [CDC] 2013). As more research has been conducted, it has become clear that ASD is also a disorder that does not occur in isolation. Comorbidity with other psychopathologies has become the rule rather than the exception for those with ASD (Matson and Nebel-Schwalm 2007). Piggybacking the relative explosion in research on ASD has been the subsequent development and ongoing refinement of assessment and treatment methodologies. Amidst all of these changes, a great reorienting of the clinical compass also occurred in May 2013 with the release of the *Diagnostic and Statistical Manual for Mental Disorders—5th edition* (*DSM-5*) and its changes in diagnostic criteria (e.g., collapsing the various Pervasive Developmental Disorders into one disorder) and with pronouncements from the National Institute of Mental Health (NIMH) with its strong endorsement of Research Domain Criteria (RDoC). This latter development has resulted in an increased movement away from research based solely on *DSM-5* diagnostic research.

In addition, ASD was not the only diagnosis to emerge as a changeling from the *DSM-5* work groups: many longstanding diagnoses and diagnostic categories were revised, including a number of anxiety disorders. Importantly, anxiety disorders have been found to be one of the most common comorbid conditions experienced by those with ASD. Beginning with the earliest observations of ASD, there appeared to be a connection between the constellation of social, communicative, and behavioral symptoms and fear and anxiety. Kanner (1943) recorded one mother's description of her son as being "afraid of mechanical things; he runs from them. He used to be afraid of my egg beater, is perfectly petrified of my vacuum cleaner. Elevators are simply a terrifying experience to him. He is afraid of spinning toys" (pp. 222–223). White, Oswald, Ollendick, and Scahill (2009) have noted that the rate of anxiety disorders and symptoms in those with ASD is as high as 84%. Previous guidelines, especially as applied to the assessment and treatment of children and adolescents (e.g., Davis et al.

2011; Silverman and Ollendick 2005) in those with anxiety disorders provided a rough vision for what might work and be modified to help those with ASD (Moree and Davis 2010). Moreover, recent reviews and discussions of ASD, anxiety, and how the two might be intertwined have proven influential (Davis 2012; Kerns and Kendall 2012; Ollendick and White 2012) and pushed the field beyond mere downward and lateral iterations of anxiety in otherwise typically developing individuals to work specifically focused on the intersection of ASD and anxiety (Davis 2012). As a result, decades of research and myriad recent changes to our definitions and understanding of ASD make this an opportune time to evaluate the current state of the literature, elucidate and reinforce best practices, and speculate about the future of these two distinct, but oft intertwined psychopathologies. Seven decades after Kanner's observations, the time seems right to begin to summarize all of these findings in light of new diagnostic and research guidelines.

This volume has emerged largely by standing on the shoulders of those researchers and clinicians who have tirelessly worked to better understand and help those with ASD. We are pleased to have been able to secure contributions from many leaders in the field. Even so, in both editing and writing portions of this book, we have tried to create a volume that would be useful to clinical and academic professionals alike. This book has been organized to be a resource for researchers and educators (e.g., as a training volume) and for practitioners serving clients (e.g., to better understand current issues with anxiety comorbidity). To these ends, we have divided the volume into four broad parts. Part I focuses on laying the groundwork for understanding ASD and anxiety. The volume begins with an historical review of ASD from the past to the present, and then proceeds with chapters devoted to variability in ASD presentation. Anxiety disorders in those with and without ASD and other comorbidities are then introduced and subsequent chapters deal with the increasingly difficult job of disentangling ASD and anxiety—or if they should or even can be disentangled. Part I concludes with a chapter on where we believe the future of ASD and anxiety research lies, in understanding the complex etiologic and transdiagnostic processes involved in the ASD and anxiety interplay. Part II of the volume then introduces specific anxiety diagnoses for consideration alongside ASD symptoms. For example, the common quandaries of whether symptoms are consistent with ASD or obsessive-compulsive disorder, or social anxiety disorder, or phobia are discussed. Part III tackles common issues of ASD and anxiety assessment and treatment, as well as implementation issues within clinics and schools. Finally, we are very pleased to have three diverse perspectives represented in Part IV where we turn to commentaries on the new *DSM-5* criteria and RDoC recommendations. The future of ASD research and practice is highlighted in these final chapters.

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References

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Arlington: American Psychiatric Publishing.

Centers for Disease Control and Prevention. (June 27, 2013). *Autism spectrum disorders (ASD): Data & statistics*. from http://www.cdc.gov/ncbddd/autism/data.html.

Davis III, T. E. (2012). Where to from here for ASD and anxiety? Lessons learned from child anxiety and the issue of DSM-5. *Clinical Psychology: Science and Practice, 19*, 358–363.

Davis III, T. E., May, A. C., & Whiting, S. E. (2011). Evidence-based treatment of anxiety and phobia in children and adolescents: Current status and effects on the emotional response. *Clinical Psychology Review, 31,* 592–602.

Kanner, L. (1943). Autistic disturbances of affective contact. *Nervous Child, 2,* 217–250.

Kerns, C. M., & Kendall, P. C. (2012). The presentation and classification of anxiety in autism spectrum disorder. *Clinical Psychology: Science & Practice, 19,* 323–347.

Matson, J. L., & Nebel-Schwalm, M. (2007). Comorbid psychopathology with autism spectrum disorder in children: An overview. *Research in Developmental Disabilities, 28,* 341–352.

Moree, B., & Davis III, T. E. (2010). Cognitive-behavioral therapy for anxiety in children diagnosed with Autism Spectrum Disorders: Modification trends. *Research in Autism Spectrum Disorders, 4,* 346–354.

Ollendick, T. H., & White, S. W. (2012). The presentation and classification of anxiety in autism spectrum disorder: Where to from here? *Clinical Psychology: Science and Practice, 19,* 352–355. doi:10.1111/cpsp.12013.

Silverman, W. K., & Ollendick, T. H. (2005). Evidence-based assessment of anxiety and its disorders in children and adolescents. *Journal of Clinical Child and Adolescent Psychology, 34,* 380–411.

White, S. W., Oswald, D., Ollendick, T. H., & Scahill, L. (2009). Anxiety in children and adolescents with autism spectrum disorders. *Clinical Psychology Review, 29,* 216–229.