

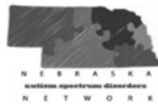
TRI-STATE WEBINAR SERIES

Session Title:

**Mental Health & Autism: Meeting
the needs of students**



COLORADO
Department of Education



Autism and Tertiary Behavior Supports
www.ksdefasn.org

Tri-State 2020-2021 Webinar Series

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Presenter Info.



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Session Objectives

- 1) Identify common comorbid conditions and prevalence in the Autism community
- 2) Describe possible red flags that indicate when a person on the autism spectrum is experiencing mental health concerns
- 3) Review evidence-based approaches to support individuals with autism and comorbid mental health conditions

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Co-Occurring conditions & prevalence

Research suggests that children with ASD often meet criteria for more than one disorder.

The rate of mental health conditions in children with ASD is 4 to 6 times higher than the general population.

However, mental health conditions often go undetected, misdiagnosed, or untreated.

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Challenges in diagnosing & treating mental illness in ASD populations

- Communication difficulties in identifying and relaying feelings, and/or describing distress
- Atypical presentations of symptoms
- Overlap in symptoms of autism
- Limited understanding of relationship between autism and mental health
- Limited knowledge how to recognize, assess, and diagnose co-occurring mental health conditions

Salber & Swift, 2020

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Co-occurring Diagnoses

- Anxiety 40%
- ADHD 30-61%
- Depression 26%
- OCD 24%
- Bipolar 8%
- Schizophrenia 6%
- PTSD 1-3%

Salber & Swift, 2020

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Presentation of Symptoms

Mental health concerns can be internalizing or externalizing.

Externalizing behaviors also can be related to internalizing concerns, such as anxiety or sadness.

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	Internalizing	Externalizing
Looks like:	<ul style="list-style-type: none"> • Health and body complaints • Anxiety • Fearfulness • Sadness/irritability 	<ul style="list-style-type: none"> • Verbal or physical outbursts • Aggression • Task refusal
Common Disorders:	<u>Emotional Disorders</u> <ul style="list-style-type: none"> • Generalized anxiety • Phobias • Social anxiety • Depression 	<u>Behavioral Disorders</u> <ul style="list-style-type: none"> • ADHD • Oppositional defiant • Conduct

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Common Things to Look For in Co-Morbid Conditions

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Behaviors which may indicate an anxiety disorder in individuals with ASD:

- **Avoidance** of new people, tasks, environments and/or materials.
- Increases in **performance of rituals** and/ or rigid and inflexible behavior.
- Increases in reliance to **rules or scripts**.
- Increases in **resistance to transitions** or changes to routine.

http://card-usf.fmhi.usf.edu/docs/resources/CARD_ASDMH_Brochure092109.pdf

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Behaviors which may indicate an anxiety disorder in individuals with ASD:

- Narrowing of focus of attention on special interest
- Withdraws/Avoids social situations
- Low frustration tolerance and/or
- tantrums when things don't go "as expected"
- Perfectionistic behavior
- Seeks constant reassurance

http://card-usf.fmhi.usf.edu/docs/resources/CARD_ASDMH_Brochure092109.pdf

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Behaviors which may indicate depression in individuals with ASD:

- Increase in tearfulness or irritability
- Loss of interest in activities or friends.
- Resistance to participating in activities that were once engaged in willingly.
- Agitation or restlessness, pacing, hyper-activity, or wandering.

http://card-usf.fmhi.usf.edu/docs/resources/CARD_ASDMH_Brochure092109.pdf

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Behaviors which may indicate depression in individuals with ASD:

- Development of, or an increase in **tantrums, meltdowns, or aggression**
- Development of, or an increase in **stereotyped behaviors**
- **Decreased or increased sleep**
- **Difficulty staying awake** during the day
- **Decrease in attention** to tasks
- **Decrease in productivity** and/or apathy
- **Self-deprecating** comments

http://card-usf.fmhi.usf.edu/docs/resources/CARD_ASDMH_Brochure092109.pdf

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When to Seek Help

Consider the possibility of a comorbid mental health condition for individuals with ASD exhibiting any of the following:

- Changes in behavioral patterns that cannot be explained by medical conditions or recent environmental changes.
- Change in behavioral patterns that persist longer than expected after an environmental change.
- Sudden development of new behaviors.

http://card-usf.fmhi.usf.edu/docs/resources/CARD_ASDMH_Brochure092109.pdf

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When to Seek Help

Consider the possibility of a comorbid mental health condition for individuals with ASD exhibiting any of the following:

- A functional behavior assessment is being conducted or a change of placement is being considered for a student.
- Refer student for screening/evaluation of mental health concerns.
- Provide teachers and family members with information to assist student while they await screening and diagnosis

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A black flag with the text "Red Flag Warning" in white, waving on a flagpole.

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Proactive Measures to Support Mental Health Issues Individuals with Autism

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Identify Risk and Protective Factors

- Risk factors: conditions that increase the likelihood of problem behavior.
- Protective factors: conditions that interact with risk factors to reduce the likelihood of problem behavior.
- Balance a deficit approach to reduce risk factors with a strengths-based approach to promote protective factors.

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What do we know about autism and Risk Factors?

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Top 10 Situations that Trigger Insistence on Sameness (Behavioral Flexibility)

- Annoying behavior
- Activity interrupted
- Losing a game
- Object breaks
- Event cancelled
- Materials run out
- Item misplaced
- Sequence changed
- Momentary separation
- Event Delayed

Green, Sigafoos, Pituch, Itchon, O'Reilly, & Lancioni (2006). Assessing Behavioral Flexibility in Individuals with Developmental Disabilities. Focus on Autism and Other Developmental Disabilities, 21(4) 230-236.

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Theory of Mind

Difficulty in ...

Predicting

Reading intentions

Understanding emotions

Explaining own behavior

Perspective or reference

Reading and reacting to others' interests

Understanding social interactions

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Language and Social Challenges

Nonverbal communication

Initiating and maintaining social interactions

Literalness

Perspective taking

Hidden curriculum

Cause/effect relationships

Difficulty conveying own thoughts

May not use social "niceties"

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Executive Function Problems

Difficulty in ...

- Imitating others
- Planning
- Starting and stopping
- Organizing (time, self, space)

Thrive in a predictable environment

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Special Interests and Obsessions

- Narrow interests
- Not permanent
- Often appear “uncontrollable”
- Role of the interest: interest; fun; security, comfort; relaxation; stress reduction

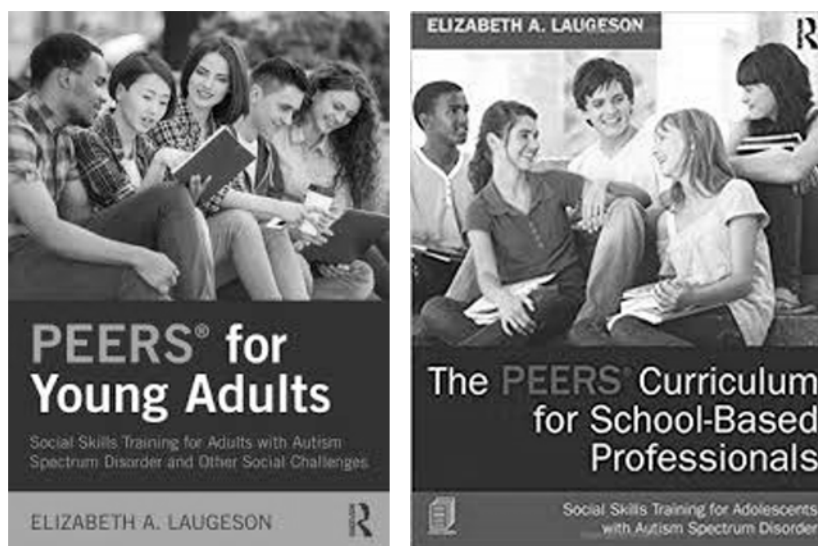


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What do we know about autism and Protective Factors?

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PEERS® Social Skills Training



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Consequences of Social Deficits for Teens

- Social neglect and isolation
- Peer rejection
- Peer conflict
- Lack of close reciprocal friendships

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Poor Quality Friendships (teens)

- Poor overall quality of friendships
- Less companionship
- Less help from friends
- Less security within friendships
- Greater loneliness



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Why Target Friendship?

Having one or two close friends:



- Predicts later adjustment in life
- Can buffer the impact of stressful life events
- Correlates positively with
 - self-esteem, independence
- Correlates negatively with
 - Depression, anxiety

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Consequences of Peer Rejection

Peer rejection is one of strongest predictors of:

- Mental health problems
 - Depression, anxiety
- Poor academic performance
- Early withdrawal from school
- Substance abuse
- Suicidal ideation
- Suicide attempts

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Risk Factors for Peer Rejection Among Young People With ASD

- High risk factors:
 - Less socially competent
 - Fewer friendships
 - Less peer support
- Protective factors:
 - Friendships are known to prevent against victimization

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Build a Relationship

At least one (preferably more) staff need to establish themselves as a Safe Person for the student.

- Show interest in their life and activities
- Spend time doing activities the child likes
- Find reinforcement that the student likes

No significant learning can
occur without a significant
relationship.

- James Comer

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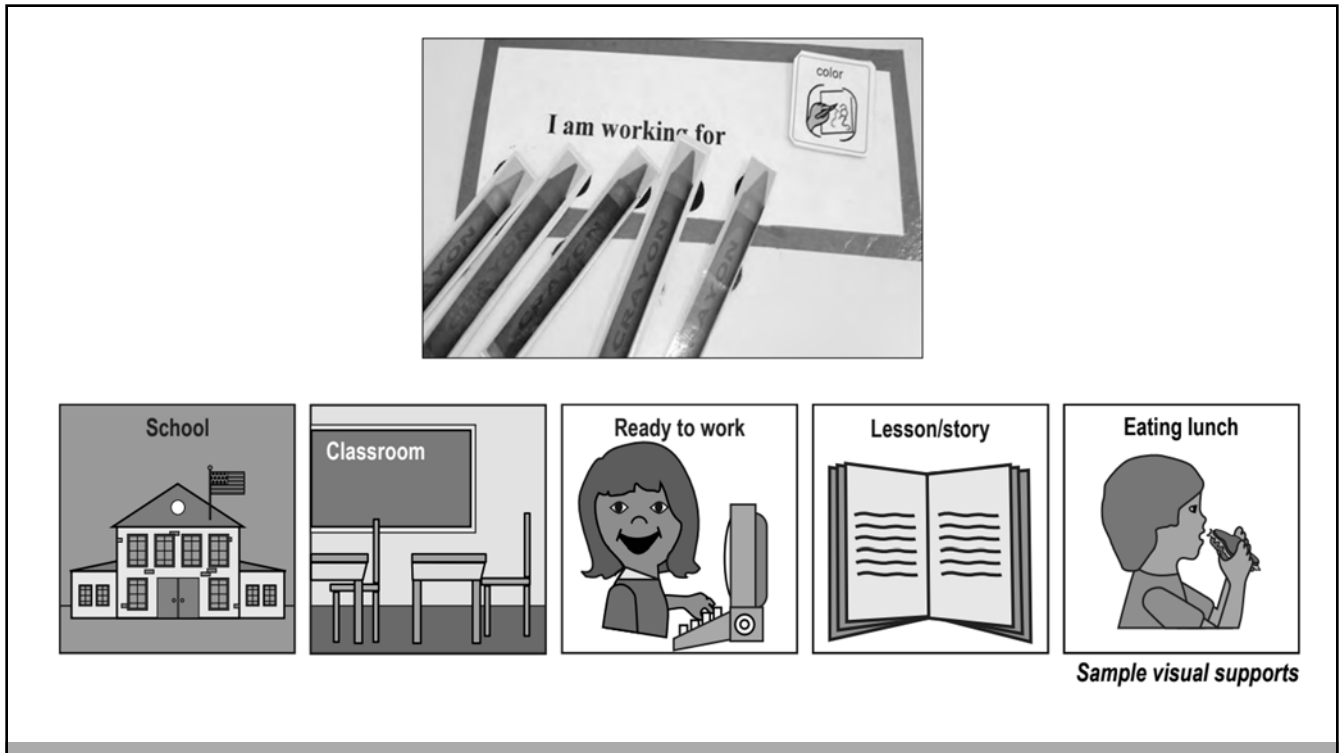
What Critical Skills should we teach individuals with ASD and mental health needs?

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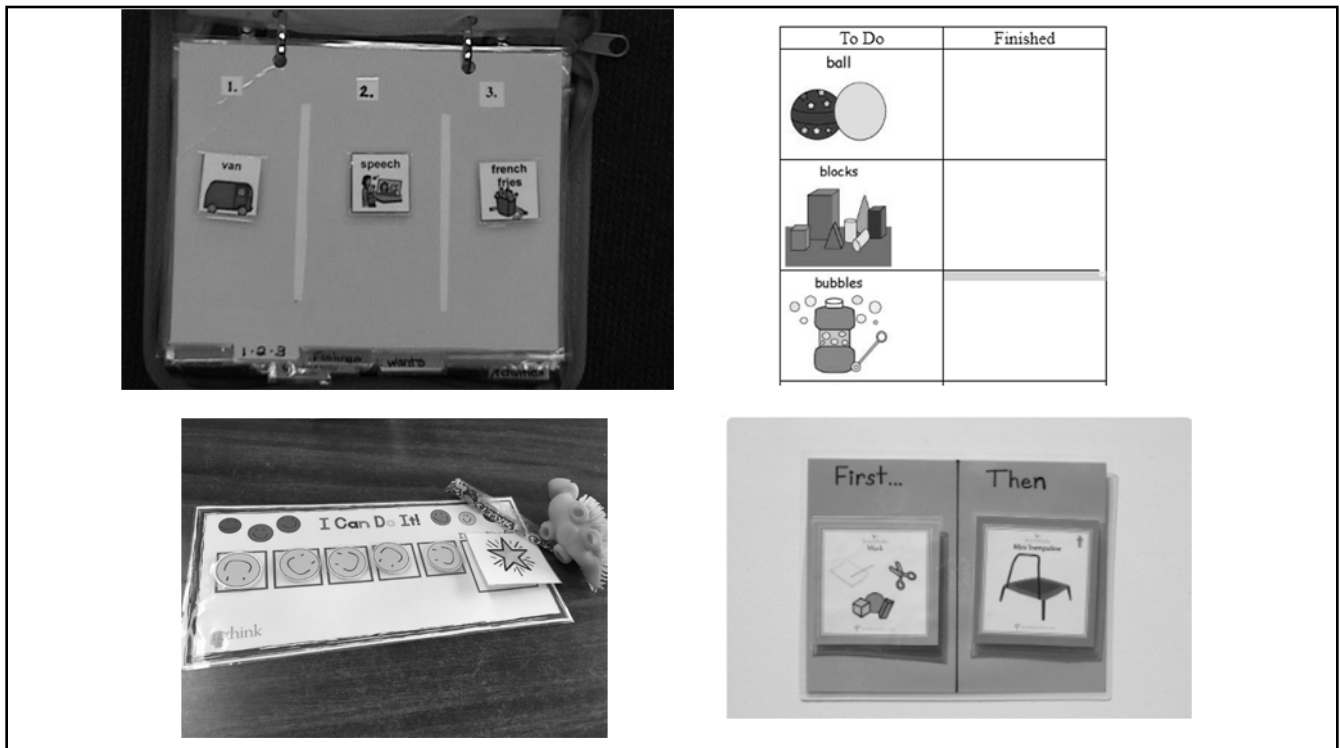
Classroom management- increase structure! Being able to predict what comes next is key!

- Check in/check out system
- Peer buddies/meaningful relationships
- Regular exercise
- Reduce stressful/aversive input if possible (e.g., watching news; social media; topic conversations)

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Use Home Base (or something similar)



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Home Base

A place where the student can go to escape the over-stimulation of the classroom

- Not time-out

- Not a punishment

- May be scheduled or occur on an as-needed basis

- May be used for work or to cool down

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The Incredible 5 Point Scale

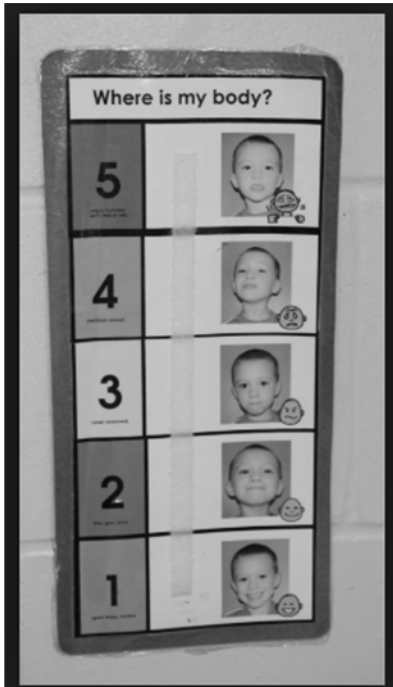
Assists students in understanding social interactions and controlling emotional responses.

- Scale from 1 to 5 that is applied to everyday behaviors with suggestions for how to respond to them.
- Visual for students during situations that tend to elicit unacceptable responses.
- Young children through adults can be taught to use various sensory-based strategies according to the scale

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Joy's Scale

5	<p>Screaming. Calmly leave the media center now. She is not happy and needs something! Talk to most familiar staff.</p> <p>Please don't take Joy to the media center, even if it is on her schedule.</p>
4	<p>Yelling. Happy.</p> <p>Great for outside, parties, etc. Not OK for media center. Calmly wait for Joy to quiet down. It won't take too long.</p>
3	<p>"Ha," "Brrrrrrr," uttered in regular "conversation volume."</p> <p>This is OK in the media center as long as kids are not supposed to be listening to a story. Find alternative media activities such as using the listening center away from reading circle; rejoin if noise becomes infrequent.</p>
2	<p>Very infrequent sounds. Variety of volumes.</p> <p>This is good. If short loud sound happens, may say "Oops" or "Sorry about that" to the media folks. The other kids don't care. The staff might.</p>
1	<p>Quiet.</p> <p>Fine for media center. But if Joy remains quiet for more than 15 minutes, check in with staff who know her best to make sure she's feeling OK. Quiet may be precursor to seizure activity.</p>








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Another Example of a Scale to Monitor the Need for Support

Rating	I Feel:	You Will Be Able to Tell Because:	This is the Level of Support I Need:
5	I feel the worst I have ever felt.	I will leave. I might go without saying a word. I will avoid people.	I really want you to know I'm upset, but please do not talk to me.
4	I'm feeling pretty bad right now.	I might just go to sleep. My hair and clothes might be dirty.	Write me a note to ask what is wrong. Give me some time.
3	I'm feeling OK right now, but a little down.	I'll stick around, but I'm quiet. I might be unshaved.	Ask me if I want to talk. Keep tabs on me but don't crowd me.
2	I'm feeling pretty relaxed right now.	I can go to work or class.	No extra help needed. Maybe check in from time to time.
1	Right now I'm great!	Happy; will talk a lot and share.	Nothing extra. I am just fine.

Frustration Scale

How do I feel?	What can I do?
5 angry mad frustrated	Take deep breaths 
4 disgusted irritated annoyed frustrated	Squeeze a pillow/bell 
3 scared nervous	Run outside 
2 sad tired	Relax on bean bag 
1 happy excited	

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The Mood Meter

Well-designed tool encourages kids to reflect on and manage emotions

Track and Share



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Inner Coach - Positive Self Talk....



Inner Coach - Positive Self Talk -- reminds you to think and say positive things about yourself and others, reminds you to change the thought channel



Cloudy Thoughts: negative self-talk, thinking about the very, very worst problem that could happen



Sunny Thoughts: Thinking about a little problem that could happen, thinking positive thoughts about yourself, the day, others, activities etc.



Change your brain channel: change Cloudy thoughts about a worry into Sunny thoughts about a worry

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Social Stories: <https://carolgraysocialstories.com/about-2/carol-gray/>

Safety Wherever I Go

Wherever I go, there is something – or someone – to help keep children safe.



Wherever I go, there are places with fences, ramps, rails, walkways, doors, or locks that help to keep children safe.



Wherever I go, there are laws to keep children safe. That's one reason why children wear seatbelts in a car.



Wherever I go, there are *rules* to help keep children safe. When I am at school, my class forms a line to walk safely from one place to another.



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Be Prepared and Teach Advocacy Skills

- **Know community resources** and contact information.
- **Establish relationships** with related community professionals. Psychologists, psychiatrists, physicians, law enforcement officials, crisis teams, etc.
- **Educate law enforcement** officials about potential crises.

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Be Prepared and Teach Advocacy Skills

- **Teach student with ASD how to communicate** with law enforcement officers, firefighters, emergency medical technicians, and other community helpers.
- **Teach the student with ASD whom to call** in different situations.

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How should we Respond during
a crisis?

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How adults should respond during times of crisis

*The time to teach is never during a
meltdown or difficult moment...*

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Responding Constructively to Emotional Outbursts/Difficult Moments

- Use simple, direct language
- Focus on emotional equilibrium then provide support for recovery after equilibrium is regained.
 1. **Remain Calm**, to the extent possible.
 2. **Assess** the severity of the situation.
 3. Follow the **Crisis Plan**.
 4. Determine whom to **contact**.

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Resources

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Webinar Resources

- Let's Talk About Autism and Mental Health 2 Part Webinar Series
Lindsey A. Nebeker, B.A.
- Differential Identification of Emotional Disability and ASD Susan Hepburn, Ph.D. Colorado State University
- Educational Identification Case Study: ASD, SED or Both Susan Hepburn, Ph.D. Colorado State University
- Educational Identification of ASD: The Law and Eligibility in the Schools, Ruth Aspy

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Webinars:

- PEERS® Part 1: An overview of the Program for the Education and Enrichment of Relational Skills
- PEERS® Part 2: Strategies for Handling Teasing/Bullying
- Getting Started with PEERS for Adolescents
- Getting Started with PEERS for Adults

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Webinar Resources

- Unstuck and On Target: Helping Students with Planning, Organization, and Flexible Thinking: 3 Part Webinar Series with Dr. Laura Anthony
- Introduction to Circle of Friends - Part 1 - Mary Schlieder
- Implementing Circle of Friends - Part 2 - Mary Schlieder
- Interoception Kelly Mahler MS, OTR/L & Chloe Rothschild
- The Incredible 5-Point Scale Kari Dunn Buron, MS Ed

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Resources for **individuals** with average/high average verbal ability

Anxiety & Depression*

1. Acceptance & Commitment Therapy (ACT)
Accept, Identify, Move (AIM) curriculum
1. Cognitive Behavioral Therapy (CBT)
2. Systematic Desensitization (phobias)

*Assess any individual risk factors by consulting with a trained mental health practitioner (e.g., Psychologist, LMHP, LIMHP, BCBA, Psychiatrist)

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Pandemic Resource: Build predictability in an unpredictable situation



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School Mental Health Assessment Tools and Resources

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Resources and References

Autism Mental Health Issues & A guidebook on mental health issues affecting individuals with Autism Spectrum Disorder (PDF files). Retrieved from http://card-usf.fmhi.usf.edu/docs/resources/CARD_ASDMH_Brochure092109.pdf

Addressing Mental Health Needs in Students with Autism Spectrum Disorders A Toolkit for Educators (PDF file). Retrieved from <https://vkc.mc.vanderbilt.edu/assets/files/resources/mental-health-toolkit.pdf>

Bengert, N., Gauss, C. & Kincaid, J., (2019). Mental health assessment tools. Retrieved from <https://lookupindiana.org/schools/about-school-mental-health/resources/mental-health-assessment-tools/>

Buron, K. D., & Curtis, M. (2004). *The incredible 5-point scale: Assisting students with autism spectrum disorders in understanding social interactions and controlling their emotional responses*. Shawnee Mission, KS: Autism Asperger Publishing Company.

Myles, B. S., & Southwick, J. (2005). *Asperger Syndrome and difficult moments: Practical solutions to tantrums, rage, and meltdowns* (2nd ed.). Shawnee Mission, KS: AAPC Publishing.

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