

Part 2

Autism & EBP's to Support Mental Health

by Danielle Christy, LEP #3165 and Jeannine Topalian, Psy.D., LEP#3365

agenda

- Rationale/Prevalence
- Best practice assessments/evaluations
 - ◆ Co-occurrences and eligibility consideration
- EBP's for the classroom
- EBP's for school psychologists
 - ◆ CBT for Anxiety & Depression
 - ◆ Social Skills
- EBP's for parents

think of a student

- As we go through today, think of one of the students you already see or plan to see and how you might apply these skills

readings

- [Greater Good Article](#)
- **Evidence-Based Practice in Child and Adolescent Mental Health, Volume 7, Issue 1 (2022)**



rationale

please go to:
slido.com
then enter code:
#1342 926

slido



Which outcome do you think has the highest percentage?

Start presenting to display the poll results on this slide.

post high school outcomes

Exit Reasons for Students With Autism

EXIT REASON	Percent 2017-18	Percent 2018-19	% change from prior year's data
GRADUATED HIGH SCHOOL	47	43.3	Decrease 3.2
MOVED, KNOWN TO BE CONTINUING	26	24.2	Decrease 2.2
RECEIVED CERTIFICATE	10	12.3	Increase 2.5
RETURNED TO GENERAL EDUCATION	7	7.0	Decrease 0.3
REACHED MAXIMUM AGE	6	6.7	Increase 0.5
DROPOUT	4	6.1	Increase 2.6
DECEASED	Less than 1%	Less than 1%	No change

Source: CAPACTS C009 will file based on June 2019 CAPACTS file. Students with action report 14-21

SPED INDICATOR 1: GRADUATION RATES
LCAP PRIORITY 4 & 6: PUPIL ACHIEVEMENT AND OUTCOMES

Source: Presentation by CAPTAIN at CASP School Psychology Conference on 11-4-20

post high school outcomes

Post-Secondary Outcomes for Students with Autism

OUTCOMES	Percent 2017-18	Percent 2018-19	% change from prior year's data
Higher Education	58	56.3	Decrease 1.7
No Higher Ed and not Working	16	10.6	Decrease 5.6
Other Post-Secondary Education	15	18.1	Increase 3.5
Competitively Employed	10	6.0	Decrease 4.4
Some other Employment	Less than 1%	8.7	Increase 8.2

Source: CAPACTS June 2020 Data
Downloaded to system from
CAPACTS June 2020 table 4

SPED INDICATOR 14: POST SCHOOL OUTCOMES
LCAP PRIORITY 4 & 6: PUPIL ACHIEVEMENT AND OUTCOMES

Source: Presentation by CAPTAIN at CASP School Psychology Conference on 11-4-20

data provided by...

WHAT IS CAPTAIN

CAPTAIN is a multiagency network developed to support the understanding and use of Evidence-Based Practices for individuals affected by Autism Spectrum Disorder across the state of California.

Representatives from Regional Centers, Special Education Local Plan Areas (SELPAs) and State/Federally Funded Family Support Agencies (FRC, FEC/PTI).



prevalence

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co-existing mental health diagnoses

Please guess the % of students with autism that...

- Also have another mental health diagnosis
- What diagnosis do you think is most prevalent?

slido



What % of students w/ASD also have another mental health diagnosis?

Start presenting to display the poll results on this slide.

co-existing mental health diagnoses

- 54-70% of individuals with ASD also meet criteria for another mental health disorder
 - Nearly 41% of individuals with ASD had 2 or more co-existing mental health disorders
- Most common co-occurring diagnoses:
 - Anxiety (50%)
 - ADHD (21-30%)
 - Mood/Depression (30% in children & adolescents; **77%** of outpatient adults)
 - Conduct disorders/ODD (~25%)
 - Psychotic Disorders (8-18%)

co-existing mental health diagnoses

- **Diagnostic Overshadowing:**
 - core symptoms of ASD might overshadow or mask the presence of mental health challenges
- **Symptom Overlap**
 - ASD symptoms can be similar to other mental health DX, making differential DX difficult
- **Unique Symptom Presentation:**
 - ASD symptoms can interact with mental health symptoms, resulting in unique behavioral presentation

Source: [Presentation](#) at UC Davis MIND Summer Institute on 8-6-21

co-existing mental health diagnoses

For Autistic individuals with co-occurring Intellectual Disability...

- Anxiety prevalence rates are higher - up to 62%
- Communication difficulties make ID difficult
- Common measurements are less effective in this population
- Use of physiological data may be more helpful such as heart rate monitoring
- Self-injurious behavior & aggression may be atypical presentations of anxiety in this population

Source: <https://www.tandfonline.com/doi/full/10.1080/23784925.2021.2013139>

DIFFERENTIATING SYMPTOMS

The first step in the diagnostic process is to identify whether symptoms can be explained by autism. If not, the next step is to determine whether symptoms or behaviors are indicative of a mental health condition in addition to autism.

Anxiety	Depression	ADHD
<ul style="list-style-type: none"> • Symptoms of anxiety include fear or anxiety disproportionate to the situation. • Anxiety can manifest as avoidance and/or fearful anticipation of activities. • Assessment Tip: Be aware that there are unique symptom presentations in autism, such as phobias with a very specific focus (e.g., fear of lumps, pizza bubbles, graffiti, anxiety around schedule changes, accessing preferred interests, or fear of certain sensory experiences). 	<ul style="list-style-type: none"> • Symptoms of depression include losing interest in previously enjoyed activities, feeling down for extended periods of time, fatigue, changes in sleep or appetite, difficulty concentrating, slowing of thought or movement, or suicidal ideation. • In children, depression may manifest as irritability. • Assessment tip: Youth with autism may present with flat affect or social withdrawal which could overshadow or mask depression symptoms. 	<ul style="list-style-type: none"> • Symptoms of ADHD include the following: <ul style="list-style-type: none"> • Inattention: Difficulty with organization, concentrating, following through & keeping track of belongings. • Impulsivity: Interrupting others, blurt things out, & difficulty waiting. • Hyperactivity: Restlessness, excessive fidgeting & high activity levels. • Assessment Tip: Some youth with autism may be able to "hyperfocus" for preferred activities, but have attentional challenges for non-preferred activities such as schoolwork or chores.

INSAR - Suicide Risk

April 2021

- Autistic people are up to **7 times more likely to die by suicide** and **6 times more likely to attempt suicide** than the general population
- The risk of suicide is greater for those without intellectual disability
- It is also greater among **autistic women, who are 13 times more likely** than non-autistic women, to die by suicide

Source: [Autism & Mental Health Crossroads](#)

what can we do about this crisis?

- Get better at identifying co-occurrences so treatment can begin
- Provide evidence-based treatment for the mental health needs
- Support legislation requiring mental health services for people with ASD, both with & without ID
- Consider suicide screening and prevention as part of assessment
- Consider becoming an LEP!

Source: [Autism & Mental Health Crossroads](#)

Assessment/
Evaluations,
Co-occurrence, and
Eligibility Consideration

Guidance for IEP Teams to Consider

- Guidance for eligibility teams to consider when reviewing differential evaluation results for students who are referred for both Autism and ED/OHI (ADHD & other medical conditions) / ID /SLD eligibilities.
- The intent is to assist school IEP teams as they interpret eligibility evaluation results for that often present with overlapping criteria.
- Importance to collaborate and consult with other related service providers and to conduct a thorough developmental history.
- This is guidance for team consideration only.

Differentiation between Autism Spectrum Disorder and Specific Learning Disability: Eligibility Consideration Guidance

- Different types of learning disorders exist, as opposed to autism's single disorder on a spectrum of severity and effects.
- Autism tends to affect the whole child (neurodevelopmental). Learning disabilities (cognitive disorder) can, too, but typically their impact is narrower, impacting the area of specific disability.
- Children with learning disabilities, their symptoms mostly (but not completely) affect their specific area of disability. On the other hand, children who have autism feel the effects of the disorder more globally and evenly rather than attached to an area of learning (educational performance which includes- academic, social, emotional, and behavioral challenges).
- Children with autism are more at-risk for dyslexia, dyspraxia, and dysgraphia.
- Typically, children with Autism present with deficits in *executive functioning skills*
 - The relationship between executive dysfunction and behavioral symptoms in autism is of interest to many researchers (Shiri et al., 2020). Studies found a link between executive function and both social and non-social symptoms associated with ASD, but more research is needed to pinpoint the exact relationship (Van Eylen et al., 2015).

Differentiation between Autism Spectrum Disorder and Epilepsy (OHI-medical conditions): Eligibility Consideration Guidance

- Epilepsy is more prevalent children with autism ([Assuah et. al. 2023](#))
- Several studies suggest that epilepsy could be one cause of autism (Besag, 2017).
- Difficult to determine which one came first -epilepsy or Autism.
- Both can present with:
 - Unusual tics and physical movements
 - Blank stares
 - Inattention or loss of focus
 - Unusual sensory experiences

create calming corners



Teach the emotional self-regulation practice

Provide opportunities for practice in a Calming Corner Space

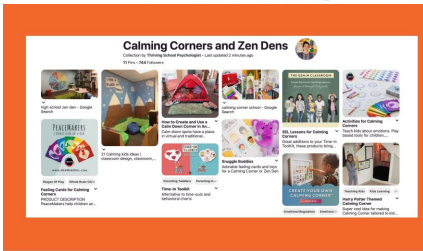


Time-In Toolkit
Peacemakers
Snuggle Buddies

Social-Emotional Learning (SEL) Lessons for Schools

Source: Thriving School Psychologist
[FF Course](#)

create calming corners



Source: Thriving School Psychologist
www.pinterest.com/thrivingschoolpsych

CALMING CORNER AGREEMENTS

BRAINSTORM WITH YOUR STUDENT(S) HOW TO USE THE CALMING CORNER

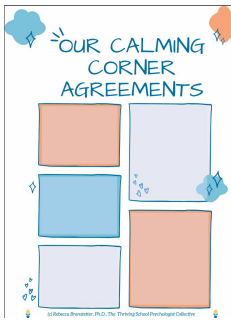
WHEN CAN WE USE IT?

WHEN CAN'T WE USE IT?

HOW LONG CAN WE STAY THERE?

HOW MANY CAN USE AT ONE TIME?

OTHER ISSUES TO DISCUSS?



Source: Thriving School Psychologist
[FF Course](#)

ADHD & Autism in the classroom

- Video: [Strategies for Supporting EF with Sarah Ward](#)

Many children with neurodevelopmental disabilities also have Executive Functioning deficits. This causes difficulty with planning, organization, work completion, time management, and more.

ADHD & Autism in the classroom



#adhdpodcast
SPP 53: Strategies for Supporting Executive Functions with Sarah Ward
School Psych Ed Podcast
4.5K subscribers
283 likes
Share
Download

ADHD & Autism in the classroom

Many EF skills can be explicitly taught:

- [Teaching EF to Preschoolers](#)
- [Unstuck and On-Target](#) (for younger students aged 8-11)
- [Smart but Scattered](#) (for older students - books for parents & coaching for educators, support staff)
- [Teaching EF to Children & Teens](#) (developed by school psychologist)

EF Goal Ideas

EF Goals and Progress Monitoring Toolkit!



EF Goal Ideas

Emotional Regulation In one year, during a moment of frustration, given a menu of previously taught calming strategies with step-by-step models, Student will use a calming strategy within 1 minute, with no more than 2 prompts, for 4 out of 5 moments of frustration based on teacher and staff observations.

Working Memory In one year, when given verbal and visual instructions, Student will accurately repeat the instructions and follow them, with 80% accuracy before beginning assignments, as measured by teacher and staff observations.

General EF awareness In one year, Student will be able to identify his personal executive function strengths and weaknesses, and consistently utilize tools taught through a curriculum in order to improve his personal areas of executive function weakness, in 4 of 5 opportunities as measured by teacher charted data and/or observation.

Smart but Scattered Kids has a [website](#) with resources to support educators and parents.

EBP for
school
psychs

common anxieties

Examples of Common Anxiety Disorders in Children

Specific Phobia

- Fear of specific stimuli
- Animals, shots, thunder storms



Social Anxiety

- Fear of social situations/negative evaluation
- Eating or speaking in front of others, meeting new people



Generalized Anxiety

- Worry about future negative events and desire for perfection
- Illness, natural disaster, failure



Source: Presentation by Dr. Megan Tudor at UC Davis MIND Institute on 2-23-21

atypical anxieties

Examples of Uncommon Anxiety in Children with Autism

Uncommon Specific Phobia

- Phobic reactions to unusual specific stimuli
- Cartoon eyes, ponytails, hearing whistling, the letter "I"



Special Interest Fear

- Worry about access to a special interest
- Getting to see the garbage truck, safety of Lego toys at home



Fear of Change

- Anticipatory worry about deviations from routines, expectations
- Eating dinner later than 6:00 pm, being less than 10 minute early to an event



Source: Presentation by Dr. Megan Tudor at UC Davis MIND Institute on 2-23-21

recent themes

Anxiety Themes in 2020-2021

Medical Fears

- Self or loved ones getting sick from COVID
- Upset over others not "following rules"



Societal Fears

- Worry about political divides
- Distress over racism



Fears About Future

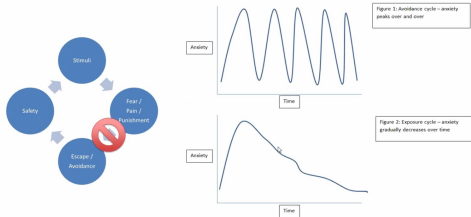
- Will I get to go to school?
- Will life ever be the same as it was before?
- What will I miss out on?



Source: Presentation by Dr. Megan Tudor at UC Davis MIND Institute on 2-23-21

exposures

Exposure: Breaking the Anxiety Cycle



Source: Presentation by Dr. Megan Tudor at UC Davis MIND Institute on 2-23-21

exposures examples



ERMHS

(Educationally Related Mental Health Services)

- Cognitive Behavioral Therapy (CBT) is one the most effective interventions for anxiety and ASD
- ERMHS may help the child access their education and decrease behaviors
- For EBP anxiety treatment, graded exposures and parental involvement are critical, but especially so in the ASD & ID population
- Video modeling is also an excellent adaptation - show desired behaviors and show another kid doing exposures and earning rewards

Coping Cat

- [Coping Cat](#) has been successfully adapted for children on the spectrum
- EBP for children with anxiety
- Researchers have used for children with autism and found that increased visuals, incorporating areas of interest & parent involvement improved efficacy
- UC Davis MIND Institute created this [training video](#)

coping cat

SESSION 1: INTRODUCTION

All the kids in Coping Cat. Along with your therapist, we'll be working together for the next several weeks. Can't wait to meet you all in person, but until we do, let's get to know each other a little better. Here's a little something to get you started. We'll be talking about how to work with feelings.

Before we get started, I want to introduce myself. I think it's a good idea to get to know each other a little better. I'll be your therapist for the next several weeks. I'll be helping you learn how to work with feelings. I'll be helping you learn how to work with feelings. I'll be helping you learn how to work with feelings.

Now I want to introduce you to the Coping Cat. The Coping Cat is a special character who will help you learn how to work with feelings. The Coping Cat is a special character who will help you learn how to work with feelings. The Coping Cat is a special character who will help you learn how to work with feelings.

Now I want to introduce you to the Coping Cat. The Coping Cat is a special character who will help you learn how to work with feelings. The Coping Cat is a special character who will help you learn how to work with feelings. The Coping Cat is a special character who will help you learn how to work with feelings.

OBJECTIVES

Personal Facts Game

What is your therapist's first name?

What is your therapist's middle name?

What is his/her birthday?

What is his/her favorite TV show?

How many sisters or brothers does his/her have?

parent component



INCLUSIVELY MINDED

COPING CAT UPDATE SESSION 4:

Agenda Thank you for your valuable time -you are the most important part of your child's team! Today, I will

- Provide information about the treatment & FEAR plan
- Give you an opportunity to discuss your concerns or any new anxieties you have noticed
- Ask you for more specific information about situations where your child experiences anxiety to update the FEAR hierarchy
- Recommend specific ways you can be involved in the treatment and share additional resources
- Introduce mindfulness & relaxation strategies
- Ask about your coping tools & experience with anxiety

When I'm feeling nervous or upset, I will remember the F.E.A.R. plan...

F = Feeling Frightened?



- Check my body and ask: How does my body feel? Are there any clues by body is giving me that I'm nervous?

E = Expecting Bad Things?

- Check my thoughts and ask: are these BRAVE thoughts or WORRIED thoughts? What is my best-talk? What am I expecting to happen?

A = Attitudes and Actions that Help

- How can I take some action that will help change the situation? How can I solve this problem?

R = Results and Rewards

- How did I do? What did I learn? How will I reward myself for my bravery?

Facing Your Fears

- [Facing Your Fears](#) was developed specifically for autistic children with anxiety
- Designed to be done in a group setting
- Weekly meetings for students
- Weekly meetings for parent - strong parent component

facing your fears example

How I React When I Worry

The Many Faces of Anxiety

<input type="checkbox"/> Cry	<input type="checkbox"/> Cough
<input type="checkbox"/> Scream or yell	<input type="checkbox"/> Get a dry mouth
<input type="checkbox"/> Get quiet	<input type="checkbox"/> Get a stomachache
<input type="checkbox"/> Get angry	<input type="checkbox"/> Get a headache
<input type="checkbox"/> Act silly	<input type="checkbox"/> Feel like my muscles get tense
<input type="checkbox"/> Have trouble sitting still	<input type="checkbox"/> Laugh
<input type="checkbox"/> Feel sick	<input type="checkbox"/> Get itchy skin
<input type="checkbox"/> Hit somebody	<input type="checkbox"/> Feel like my heart races
<input type="checkbox"/> Blush	<input type="checkbox"/> Breathe fast
<input type="checkbox"/> Get sweaty palms	<input type="checkbox"/> Get goose bumps
<input type="checkbox"/> Resist or refuse to do something	<input type="checkbox"/> Put my head down
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

UCLA MEYA Project



Clinical Areas

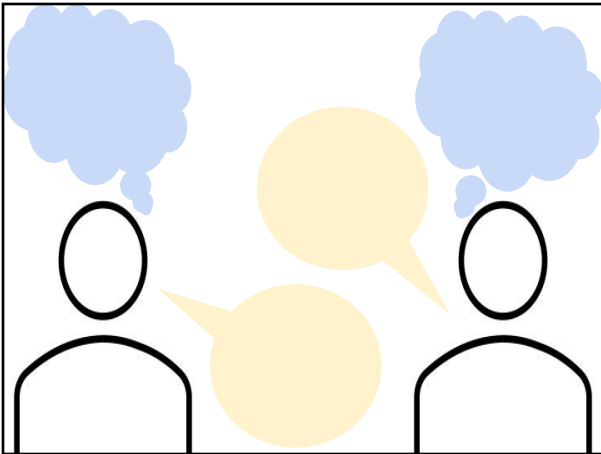
- Dysregulated and Disruptive Behavior
- Anxiety and Depression
- Rigid and Repetitive Behavior
- Peer Engagement in School and the Community
- Conversation and Friendship
- Self Care Skills

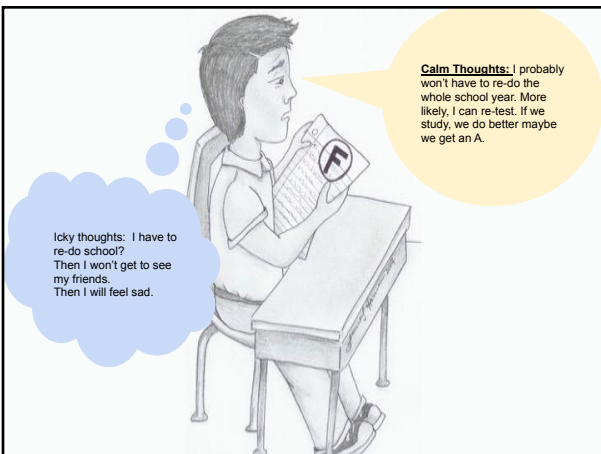
Coping Plan for Child Social Anxiety—Icky and Calm Thoughts



Facing Fears in Small Steps

Session Cartoons





Good practice guide for mental health professionals

Contents


4 Executive summary	6 Background
4 Background	6 What is autism?
4 Our project	6 Action and mental health
5 Important things you can do	8 Getting services
	9 Growing evidence of adapting therapy
	9 Our project
10 Methodology	
11 Access your service	17 In therapy sessions
14 Improve autism understanding	34 Manage expectations
14 Training	34 Discuss what adaptations and adjustments can be made
18 Masking	37 The therapy room
19 Socks and self foam	38 Use of assessment tools
20 Change the physical environment	40 Adapt your communication
22 Change the structure of your therapy offer	43 Use direct language
22 Number and length of sessions offered	43 Break things down
24 Deciding on therapy delivery	44 Structure the sessions
25 Provide information before therapy starts	45 Invite autism
27 Provide extra support	46 Support with labelling feelings and emotions
27 Supervision	48 Incorporate their interests
27 Support for parents and carers	49 Note down what you have covered
28 Ask for feedback	50 Adopting therapy checklist
29 Previous negative experiences	
31 Checklist	
31 Acknowledgements	32 Glossary
33 Further reading	34 Endnotes

www.autism.org.uk

EBP for OCD

- Exposure and Response Prevention (E/RP) is an evidence-based treatment for OCD.
- Involves bringing up the *obsession* and NOT engaging in the *compulsion*
- This is different than traditional exposure therapy in CBT and requires a different approach/training
- Resource: [CY-BOCS](#)

EBP's for Social Skills



- Understanding Friendship
- Playdates and Friendship
- Conversation Skills



The Good Listener Checklist

Facing the Person

Smiling

Nodding

Using Verbal Acknowledgements

Mm-hmm...

Ah ha...

I see.

Oh...

Okay.



Playing Detective

Using 3 Question Words in a Row!

What

Where

When

Who

Why

How



Questions that begin with words like these are open-ended letting the other person give a more detailed response.

I just got a new video game.



When did you get it?

Where did you get it from?

Who bought it for you?



He cares. Maybe he likes video games.

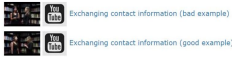
Can I get one? He may buy one for me.

PEERS & Social Anxiety



The PEERS Program

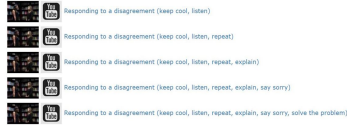
Electronic Communication



Appropriate Use of Humor



Handling Arguments



AFIRM Modules

Social Skills Training

Social Skill Training (SST)

SST

SST refers to any adult-directed instruction in which social skills are targeted for improvement.

What Will I Learn?

The AFIRM model guides the learner through four lessons to facilitate:

- Learning basic knowledge about social skills training (SST)
- Applying SST in activity based scenarios that promote real-world application.

The SST module will take approximately 1.5 to 2 hours to complete. However, the module is broken into individual lessons to help guide your learning:

Lesson	Time to Complete
A Case for SST	10 minutes
Lesson 1: Basics of SST	20 minutes
Lesson 2: Planning for SST	25 minutes
Lesson 3: Using SST	25 minutes
Lesson 4: Monitoring SST	25 minutes
Applying SST	10 minutes

MIND Institute Social Skills Program

UC DAVIS
HEALTH

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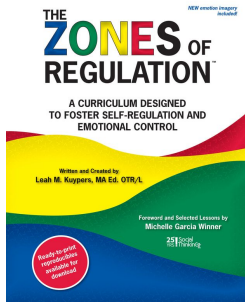
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Social Skills Program

low value practices...



another perspective..

On Social Skills Training



mindfulness apps



Molehill Mountain is an app to help autistic people understand and self-manage anxiety.

You can use Molehill Mountain to explore the causes and symptoms of anxiety.

- Track your worries and the situations that trigger anxiety.
- Get evidence-based daily tips to understand more about anxiety.
- Feel more confident to self-manage anxiety.



CBT Goal Ideas

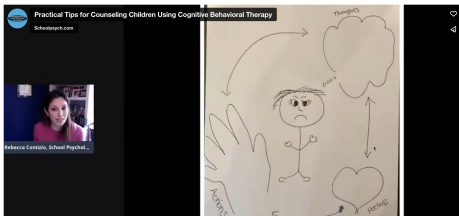
In one year, Student will be able to utilize at least 3 healthy coping skills he can use when he is anxious, identify possible thinking errors, and increase his practice with exposures, both during the counseling session and in the classroom, within 3 out of 4 opportunities, as measured by observation, teacher, and self-report.

In one year, Student will be able to utilize at least 3 healthy coping skills he can use when he is anxious or frustrated, be able to explain the F.E.A.R. acronym and apply it, and increase his use of CBT strategies to respond to frustration and anxiety-provoking situations, both during the counseling session and at home/school, within 3 out of 4 opportunities, as measured by observation, teacher, and self-report.

Parent involvement is a critical aspect of both CBT and social interventions (Moree and Davis, 2010). Regardless of the curriculum, sharing strategies with Student's parents will increase the effectiveness of the intervention. Student's parents may also wish to share this report with his pediatrician to obtain more diagnostic and medication information regarding anxiety.

PD/Continuing Education

Practical Tips for Counseling Children Using Cognitive Behavioral Therapy



THERAPIST RESOURCES

CBT+ Component Flows

- CBT+ Flow Trauma + Depression [↗](#)
- CBT+ Flow Trauma [↗](#)
- CBT+ Flow Child [↗](#)
- CBT+ Flow Anxiety [↗](#)
- CBT+ Flow Depression [↗](#)
- CBT+ Flow Behavior [↗](#)
- CBT+ Flow Anxiety + Behavior [↗](#)
- CBT+ Flow Depression + Behavior [↗](#)
- CBT+ Flow Anxiety + Depression [↗](#)

Cheat Sheets

- Anxiety [↗](#)
- Behavior [↗](#)
- Depression [↗](#)
- Measures [↗](#)
- Motivational Enhancement [↗](#)
- Trauma-Focused CBT A-Practice Checklist [↗](#)

"Need to Know" Sheets

- Assessment [↗](#)
- At-Home Practice (Homework) [↗](#)
- Behavioral Activation [↗](#)
- Changing Unhelpful Cognitions [↗](#)
- Coping Skills [↗](#)
- Empowerment Motivation [↗](#)
- Exposures [↗](#)
- Fear Ladder [↗](#)
- Give on One Times [↗](#)
- Praise [↗](#)
- Psychoeducation [↗](#)
- Rewards [↗](#)
- Trauma Narrative [↗](#)

PD/Continuing Education



PD/Continuing Education

Supporting the Mental Health of Children and Adolescents with Autism Spectrum Disorder and Neurodevelopmental Disabilities: Intervention Updates and School Partnerships

MIND Summer Institute
On Neurodevelopmental Disabilities
August 2021

Judy Reaven, Ph.D.
Professor of Psychiatry and Pediatrics
JFK Partners, University of Colorado Anschutz
Medical Campus
Judy.reaven@cuanschutz.edu

PD/Continuing Education



Find A Therapist - About - How We Help - For Therapists - Blog And News - 650.209.8878

Get Trained

Learn The Skills Of Effective Therapy

- On Demand Learning
- Live Trainings
- Consultation Groups

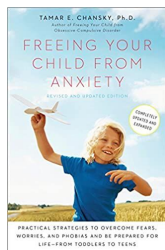
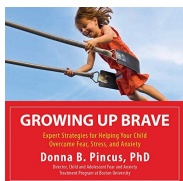
Show Trainings



EBP for parents

book resources

- [Freeing Your Child from Anxiety](#)
- [Freeing Your Child from Negative Thinking](#)
- [Growing Up Brave](#)



think of a student

- Case conferencing:
 - How will you apply these skills to the student you've been working with?
 - What is something new you might try?
 - How might this change your assessment practices?

Twitter Favorites:

@AutismINSAR
International Society for Autism Research

@Spectrum
Autism Research News in easy to digest format

@captain_ebps
California Autism Professional Training & Info Network

@ThrivingSP
Rebecca Branstetter who created EF and Coping Skills modules

@thinkingautism
Thinking Person's Guide to Autism- all by autistic people

@autselfadvocacy
[Autistic Self-Advocacy Network](#)

@autism
National Autistic Society

@journalautism
Autism - the international journal of research & practice

Thank you for the important
work you do!

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