



Serving “ASD Plus” Individuals in Schools- Addressing the Needs of Students who have Autism Spectrum Disorders and Co- Occurring Mental Health Disorders

Minnesota Association for Children’s Mental Health

April 25, 2016



“My brain and nervous system allow me to do well in many aspects of life. But sometimes I interact without understanding. I am often overwhelmed by the information that floods my body and mind. I may choose unusual ways of coping, but these help me manage. I may seem rigid, but I’m doing the best I can to be flexible. In spite of my quirks, I am trying to get to the same place as everyone else. I just take a different, and sometimes slower path.”
(from Bolick, 2001)

Presenters

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Lionsgate Academy

Public Charter School, open to all

7th- 12th grade with an 18-21 transitions program

Started in 2008 with a focus on students on the autism spectrum

165 students from 58 communities currently; 165 on the waiting list

Campuses in Crystal and North St. Paul

One School's Story

Intended School Population

- High Functioning ASD

Actual School Population Year 1 - All Functioning

- High Functioning ASD
- Classic Autism with Intellectual Disability
- College Bound & Twice Exceptional
- High Behaviors
- Co-morbid Mental Health

How Did We Get Here?

- Students whose mental health is “driving the bus” in addition to their ASD
- Students whose mental health *and* ASD needs are preventing them from receiving FAPE
- Community supports that aren’t successful for the ASD plus student (e.g., partial hospitalization, day treatment)
- Traditional interventions that don’t produce improvements

Case Example

Student: _____

- ▶ High IQ
- ▶ Teenage boy
- ▶ Parent
- ▶ Divorce
- ▶ Gender/sexuality
- ▶ Distress
- ▶ Cultural
- ▶ ASD-perseveration, rigidity, difficulty social
- ▶ OCD
- ▶ Anxiety
- ▶ Dissociation
- ▶ Power/control
- ▶ Attachment
- ▶ Reversion to earlier age

- ▶ Depression
- ▶ Withdrawal
- ▶ Paranoia
- ▶ Sensory issues
- ▶ Dumping stuff on his head
- ▶ ER
- ▶ EF

In school: Setting, Services, Tiers responses

Learning Objectives

- ▶ Distinguish between features of Autism Spectrum Disorders and possible Co-occurring Psychiatric Illnesses
- ▶ Describe the impact of Autism Spectrum Disorders on the expression of common Co-occurring Psychiatric Illness (e.g., Anxiety, Depression, Bipolar Disorder)
- ▶ Describe Evidence Based Practices for working with individuals who exhibit co-occurring Autism Spectrum Disorders and Psychiatric Illnesses
- ▶ Describe possible modifications that may need to be made to Evidence Based Practices to make them effective in working with individuals with co-occurring Autism Spectrum Disorders and Psychiatric Illnesses

ASD & Mental Health Services

Professionals trained to work with Individuals with ASD, not trained to treat psychiatric disorders

Professionals trained to address mental health needs do not receive adequate training in ASD



Modifying Mental Health Practices to Make Them Effective in Working with Individuals with Autism Spectrum Disorders and Co-occurring Psychiatric Illnesses

- (VanBergeijk, Klin & Volkmar, 2008) from (Ellison, Kiss, & Childers, 2015)
 - Insight-related mental health services are likely to have limited success with students living with ASD; psycho-education is typically a more effective approach.
 - Directive counseling is a necessity, as students require information otherwise lost due to challenges with social learning and social communication.
 - Counseling that focuses on skill building should be conducted in rote, sequential steps, and make heavy use of techniques such as role play and coaching. Embed efforts to let skills be generalized.



Modifying Mental Health Practices to Make Them Effective in Working with Individuals with Autism Spectrum Disorders and Co-occurring Psychiatric Illnesses

- (Ellison, Kiss, & Childers, 2015):
 - Counselors have been traditionally trained to perform talk therapy with their clients, but it can be challenging when working with clients on the Autism Spectrum, since these individuals typically talk with therapists through monologues and fact-reciting
 - Reporting emotional or subjective content often is the biggest struggle for clients diagnosed with ASD
 - Clients with ASD need therapists to view them in regards to how they see the world, and assess how to build on their strengths and challenges associated with the condition
- Traditional techniques such as mirroring, summarizing, reflecting, or silence often seem ineffective when working with this population.



Modifying Mental Health Practices to Make Them Effective in Working with Individuals with Autism Spectrum Disorders and Co-occurring Psychiatric Illnesses (Ellison, Kiss, & Childers, 2015):

▶ REBT—Albert Ellis

- ▶ Instructs clients to analyze how “rational” their behavior and thinking are
- ▶ In the past, REBT has been criticized as being “harsh” as a therapy
- ▶ Sometimes fails to address deeper underlying problems

▶ ASD Client

- ▶ Believes their already established behavior is totally “rational”
- ▶ Many times someone with ASD will “shut-down” if being directed in a harsh manner
- ▶ Past tragic events could have very important impact on the reason behind emotions and behavior of the ASD client



Modifying Mental Health Practices to Make Them Effective in Working with Individuals with Autism Spectrum Disorders and Co-occurring Psychiatric Illnesses (Ellison, Kiss, & Childers, 2015):

▶ Cognitive Behavior--Beck

- ▶ Many times focuses on “distorted thinking”
- ▶ There could be an absence of free-will within CBT framework
- ▶ There’s still some debate about the efficacy of treating depression/anxiety

▶ ASD Client

- ▶ The ASD client may have very rigid thinking patterns and not wish to “change” themselves
- ▶ The rationales of someone with ASD could be very logical even if it goes against the norm
- ▶ Many times the ASD client is suffering from a degree of anxiety and are much more prone to depression



Modifying Mental Health Practices to Make Them Effective in Working with Individuals with Autism Spectrum Disorders and Co-occurring Psychiatric Illnesses (Ellison, Kiss, & Childers, 2015):

▶ Person-Centered--Rogers

- ▶ Sometimes real application of knowledge by the therapist is delayed—taking a long time for the client to “feel better”
- ▶ Very philosophical approach
- ▶ Great for teaching clients to “explore” themselves

▶ ASD Client

- ▶ The client may have a difficult time being patient and working through some of Person-centered abstract concepts
- ▶ May require more concrete techniques when working through problems
- ▶ May want to immediately get to work on core problem and need more fastidious help



Modifying Mental Health Practices to Make Them Effective in Working with Individuals with Autism Spectrum Disorders and Co-occurring Psychiatric Illnesses (Ellison, Kiss, & Childers, 2015):

■ Gestalt Therapy

- Can be very abstract in nature
- Sometimes emphasizes what is being “felt” at the moment
- May require more patience than some modes of therapy

■ ASD Client

- Difficult sometimes to understand abstract concepts
- May be difficult for the individual to communicate what they are feeling at a given moment
- Could lead to further frustration

Possible Causes of Autism Spectrum Disorders (Janzen, 2003) (Corbier, 2005)

- Genetic/Chromosomal factors
- Pre- or post-natal viral infections, such as encephalitis, congenital rubella, cytomegalovirus, or herpes simplex virus
- Metabolic imbalances, such as phenylketonuria and thyroid disease
- Exposure to alcohol and drugs, such as in FAS and cocaine-addicted babies
- Exposure to environmental chemicals, such as lead, mercury, and other toxins
- Oxygen deprivation or overexposure during or shortly after birth
- Traumatic brain injury
- Environmental deprivation
- Iatrogenic
- Idiopathic



Clinical Presentation of Autism Spectrum Disorders

- Diagnostic and Statistical Manual of Mental Disorders--5th Edition Criteria
- Major Theories
- Co-Occurring Health Disorders
- Common Areas Impacted in Individuals with Autism Spectrum Disorders that May Affect Mental Health



New Criteria for ASD

DSM 5

(American Psychiatric Association, 2013)

- A. Persistent deficits in use or understanding of social communication and social interaction in multiple contexts, as manifested by the following, currently or by history (examples are illustrative, not exhaustive):



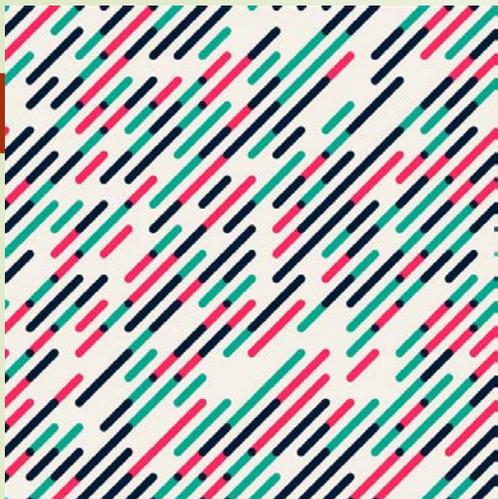


New Criteria for ASD

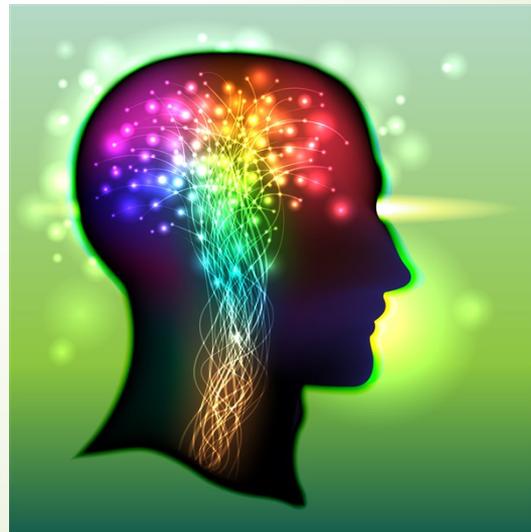
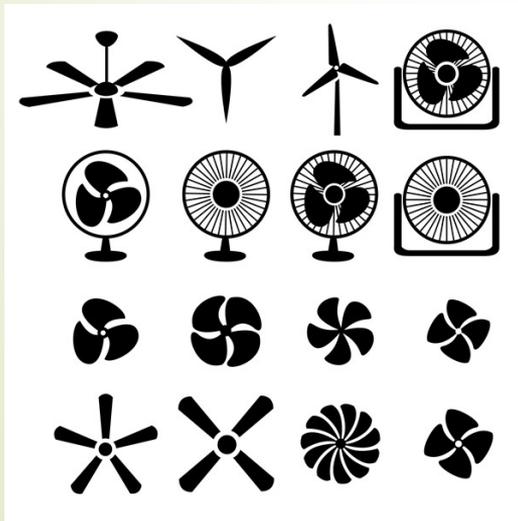
DSM 5

(American Psychiatric Association, 2013)

- B. Restricted, repetitive patterns of behavior, interests, or activities as manifested by at least two of the following, currently or by history (examples are illustrative, not exhaustive):



IN FLEXIBLE





Major Theories Around ASD

- Central Coherence
- Theory of Mind
- Executive Functions

Theory of Mind



Central Coherence



Dog or Cats?

Executive Functions

Executive Functioning

Shifting Attention
Controlling Anger
Awareness Disengagement
Theory of Mind Social Norms
Reflection Problem Solving
Anxiety Metacognition Gist
Autism Focus Neurotypicals Inhibition
Regulation Initiation Concentration
Emotion Asperger's Context
Impulsivity Flexibility Self
Shifting Sets Planning
Executive Attention
Working Memory Frontal Lobes
Over-Focused Monitoring Actions
Organization Meta Representation
Deficit Recognition



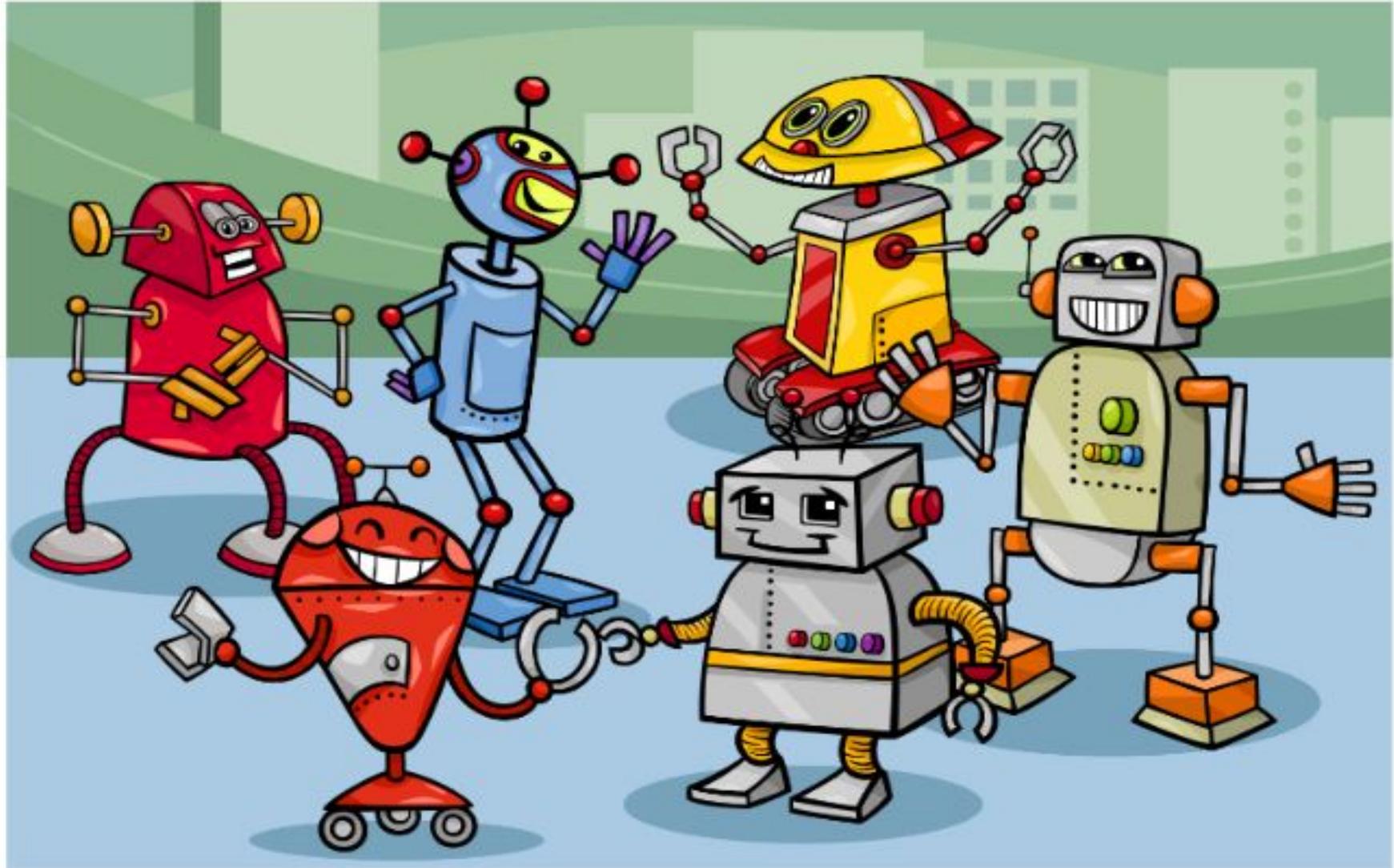
Additional Considerations (Paxton & Estay, 2007)

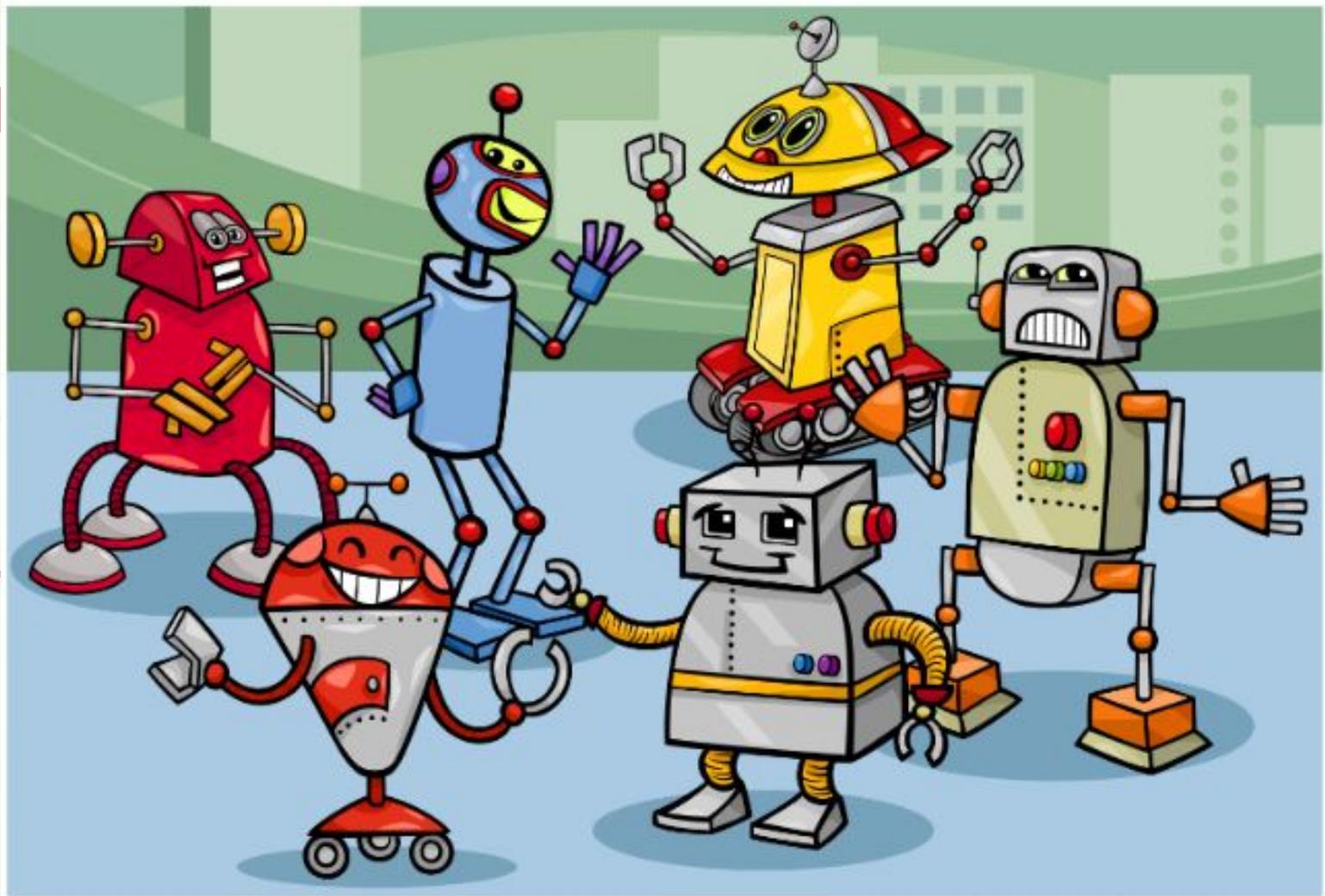
- Visual Thinking
- Literal Thinking
- Loophole Thinking
- Self-Concept
- Source Monitoring
- Meaning Attribution
- Systemitizing
- Autistic Thinking and Autistic Logic
- In-the-Moment Thinking

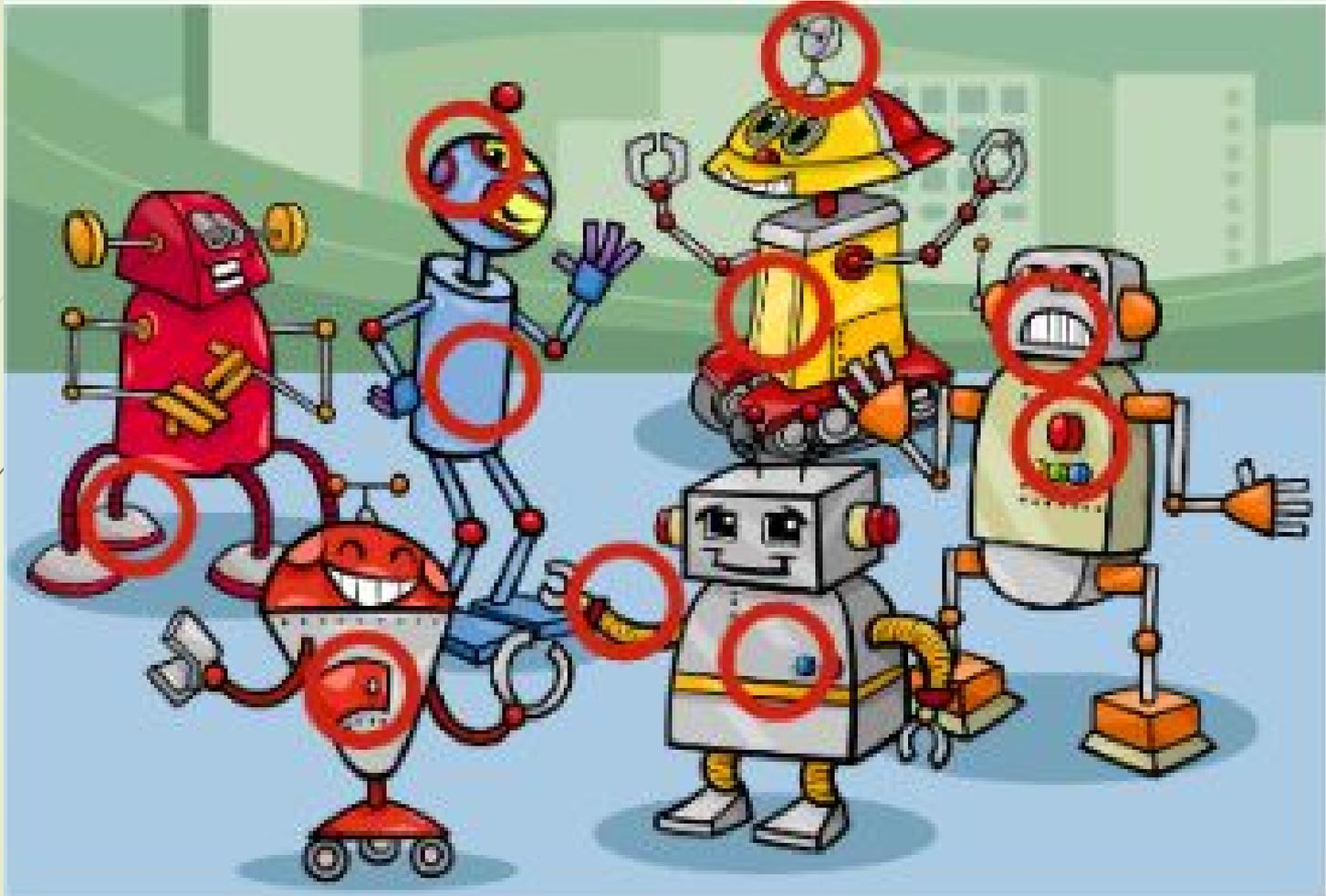


Putting It All Together: Activity

- ▶ You will be looking at two images that are almost the same. You will be given 15 seconds to look at the first image. Then the next image will replace the first. You will be given 30 seconds to identify as many differences between the first and second images as you can. There are a total of 10 differences between the two images.









Common Areas Impacted in Individuals with Autism Spectrum Disorders that May Affect Mental Health (adapted from: Holzhauser-Peters & True, 2008)

- ▶ Thinking About Others' Thinking
- ▶ Social Communication
- ▶ Abstract Language
- ▶ Emotional Control
- ▶ Mental Flexibility
- ▶ Boundary Awareness
- ▶ Executive Functions
- ▶ Impulsivity
- ▶ Aggression/Anger
- ▶ Perseveration/Rumination/ Noncompliance
- ▶ Regulation
- ▶ Control
- ▶ Connection

Commonly Co-occurring Disorders

- ▶ Language Delays
- ▶ Cognitive Delays
- ▶ Attention Disorders
- ▶ Neurological Disorders--e.g., seizures
- ▶ Learning Disorders
- ▶ Medical Comorbidities (Sleep, GI, Feeding/Eating, Seizures, Genetic Syndromes)

Prevalence of Co-Occurring Mental Illness

- (Simonoff, Pickles, Charman, Loucas, & Baird, 2008)-- 70% One comorbid disorder – 41% - two or more disorders
- (Mattila, et al., 2010): overall prevalence 74%
- (Moseley, Tonge, Brereton, & Einfeld, 2011): Comorbid or coexisting mental disorders cause significant additional burden and distress for individuals with autism and their carers.
- (Mazzone, Ruta, & Reale, 2012): association between AS/HFA and internalizing symptoms

Why there may be increased risks for individuals with ASD to develop mental health difficulties:

- ▶ (Matson & Sturmey, International Handbook of Autism and Pervasive Developmental Disorders, 2011): **IQ** (Higher Functioning Individuals with ASD may be more vulnerable to depression--insight and intellectual awareness); **Other Medical Conditions** (e.g., Seizures); **Unique Life Stressors** (e.g., history of abandonment); Genetic Factors
- ▶ (Hebron & Humphrey, 2012) **Endogenous Factors**: difficulties in **social emotional understanding, language, and communication**; **inflexibility** (need for routine or sameness); differences in **how the individual processes, experiences, and makes sense of the world**; **sense of being different**
- ▶ (Hebron & Humphrey, 2012) **Exogenous Factors**: **Peer rejection and bullying**; **less social support from classmates, friends and parents**; **increased tension for teachers** when dealing with difficulties in social and emotional understanding—teachers less likely to report having a positive relationship with the individual with ASD.

Co-Occurring Psychiatric Disorders

- Anxiety
- Obsessive Compulsive Disorders
- Depression
- Bipolar Disorder
- Attention Deficit Disorder
- Schizophrenia/Schizoaffective Disorders
 - Thought Disorders
- Oppositional Defiant Disorder
- Tic Disorders
- Gender Dysphoria

Examining the Impact of ASD on the Expression of Co-occurring Psychiatric Disorders

- ▶ Attention Deficit Disorder and Autism
 - ▶ Difficulty Shifting Attention (both to engage and disengage), Difficulty with Understanding Information Requiring Constant Shifts of Attention, Ability to Focus on One Sensory Modality at a Time, Differences in Eye Gaze, Drawn Into Internal World, Sensory Differences May Lead to Differences in Distraction in Environments
- ▶ Anxiety and Autism
 - ▶ Inflexibility, Need for Routine, Language/Communication Deficits, Social Competency/Communication Deficits, Differences in Individual's Processing of the World (sensory overload), Peer/Caregiver Rejection or Bullying, Unique Life Stressors (Unique Response to Stressors), Academic Work, Seasonal Disintegration
- ▶ Depression and Autism
 - ▶ Social Isolation, HFA—Insight and Intellectual Awareness, Need for Routine/Inflexibility, Differences in Processing the World, Peer/Caregiver Rejection, Unique Life Stressors (Unique Response to Stressors)

Examining the Impact of ASD on the Expression of Co-occurring Psychiatric Disorders

- Schizophrenia/Thought Disorder and Autism
 - Difficulty with Telling Fantasy from Reality, Poorly Integrated Sense of Self, Disorganized Thinking, Perseveration/Getting Stuck, Differences in Individual's Processing of the World/Perceptual Distortions, Responses to Psychosocial Stress
- OCD and Autism
 - Repetitive Behaviors, Differences in Individual's Processing of the World, Inflexibility (need for routine/structure), Focus on Mechanical Functions/Systemetizing
- ODD and Autism
 - Rigidity, Violation of Social Rules, Perseveration, Overwhelming Focus, Cognitive Inertia, Difficulty Shifting Attention, Difficulty Taking the Perspective of Others, Literal Interpretation, Perceptual Differences, Unable to Predict the Consequence of Behavior, Hyper-Arousal, Repetitive Questioning, Insistence on Routines

Examining the Impact of ASD on the Expression of Co-occurring Psychiatric Disorders

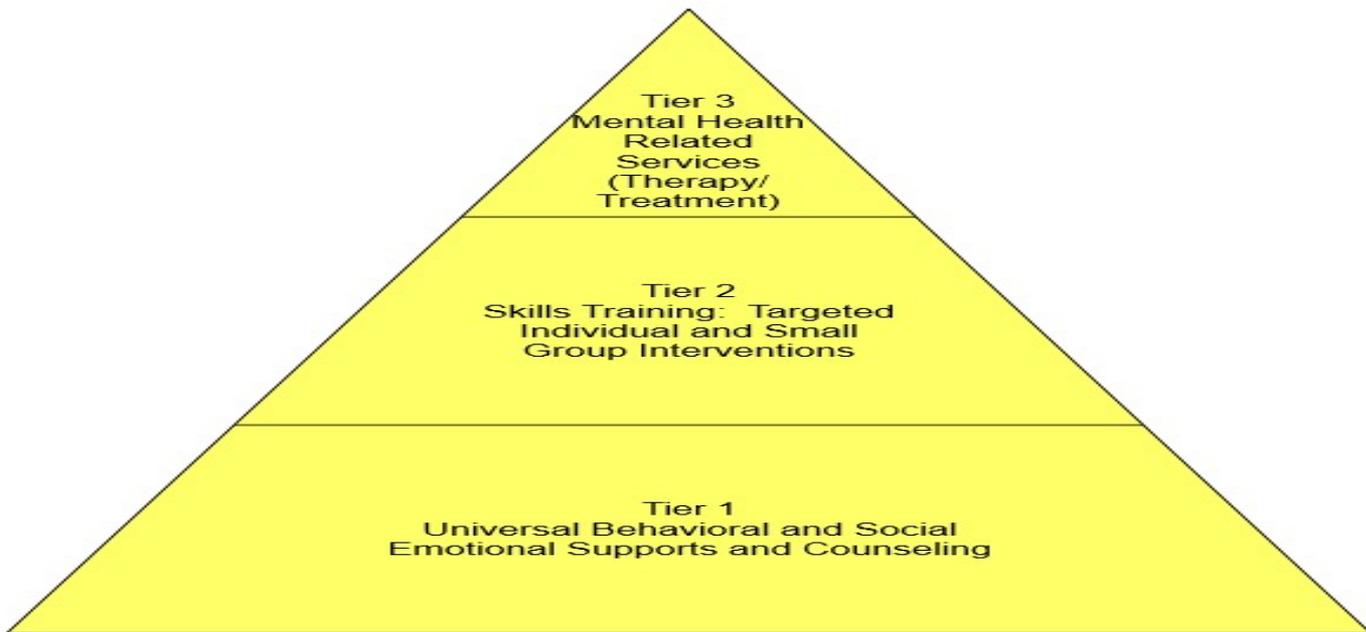
- ▶ Traumatic Stress and ASD
 - ▶ People with ASD are: trained to be compliant, dependent on caregivers for a longer period of times, unable to meet expectations, isolated from resources to whom a report of abuse can be made, more likely to be impaired in communication/social skills, often viewed negatively by society
 - ▶ People with ASD exhibit: cognitive and processing differences that may interfere with understanding what is happening, feelings of isolation and withdrawal, predisposition to difficulties with emotional regulation and resiliency, reduced protective and coping mechanisms, difficulty adapting to change, difficulty expressing grief/mourning
 - ▶ People with ASD experience: others who are out-of-synch with them (who require them to process information faster or slower than they would prefer); higher rates of harassment/bullying/sexual abuse/employment discrimination; misunderstanding and intolerance of their "behaviors" by others

Differentiating ASD from Commonly Co-occurring Psychiatric Disorders

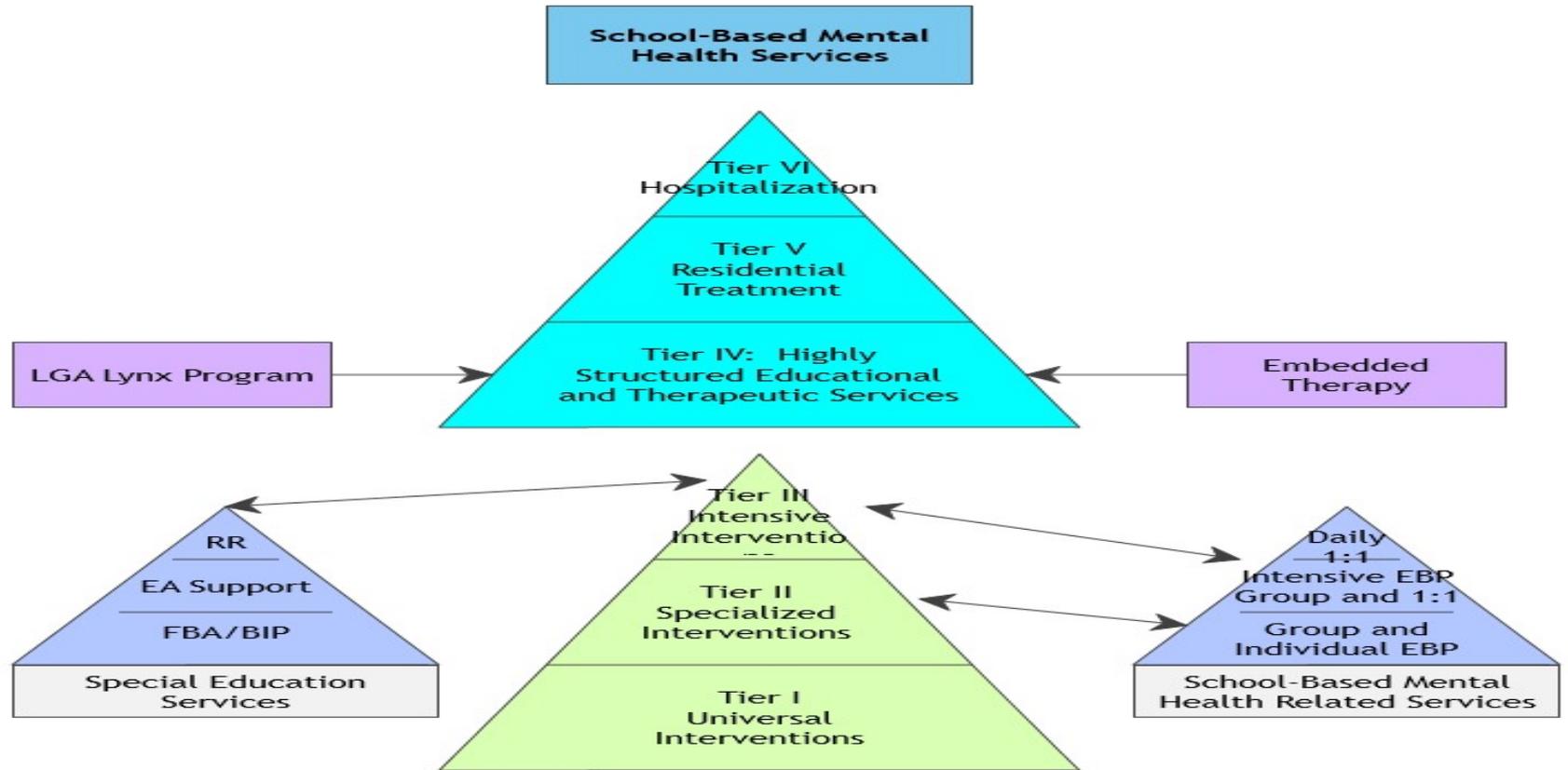
- ▶ Autism Spectrum Disorders vs. ADHD
 - ▶ Set Shifting vs. Focus
- ▶ Autism Spectrum Disorders vs. Social Anxiety
 - ▶ Deficits in eye contact/facial expressions/gestures present all of the time vs. Symptoms being present in social situations but not at baseline
- ▶ Autism Spectrum Disorders vs. OCD
 - ▶ Interest/pleasure vs. Worry
- ▶ Autism Spectrum Disorders vs. Schizophrenia/Psychosis
 - ▶ Scripting vs. Disembodied Influences
- ▶ Autism Spectrum Disorders vs. Depression
 - ▶ Lack of Interest in Others vs. a Decrease in Functioning
- ▶ Autism Spectrum Disorders vs. Bipolar Disorder
 - ▶ Meltdown vs. Rage
- ▶ Autism Spectrum Disorders vs. Oppositional Defiant Disorder
 - ▶ Rigidity vs. Control



School-Based Mental Health Learning Supports Pyramid

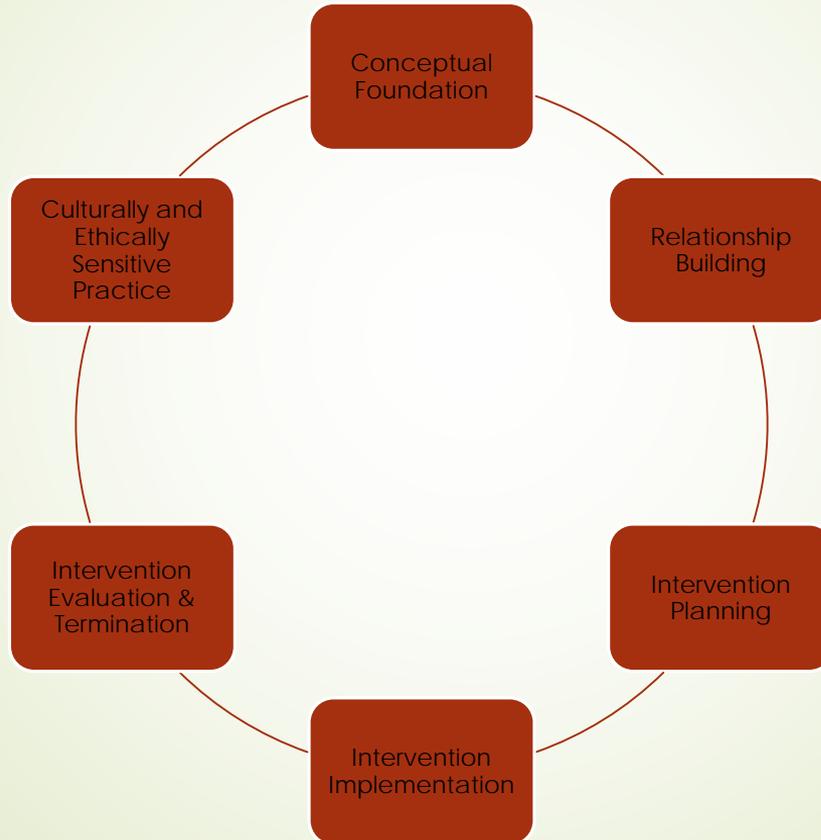


(adapted from Schools/
Mental Health
Subcommittee, 2008)

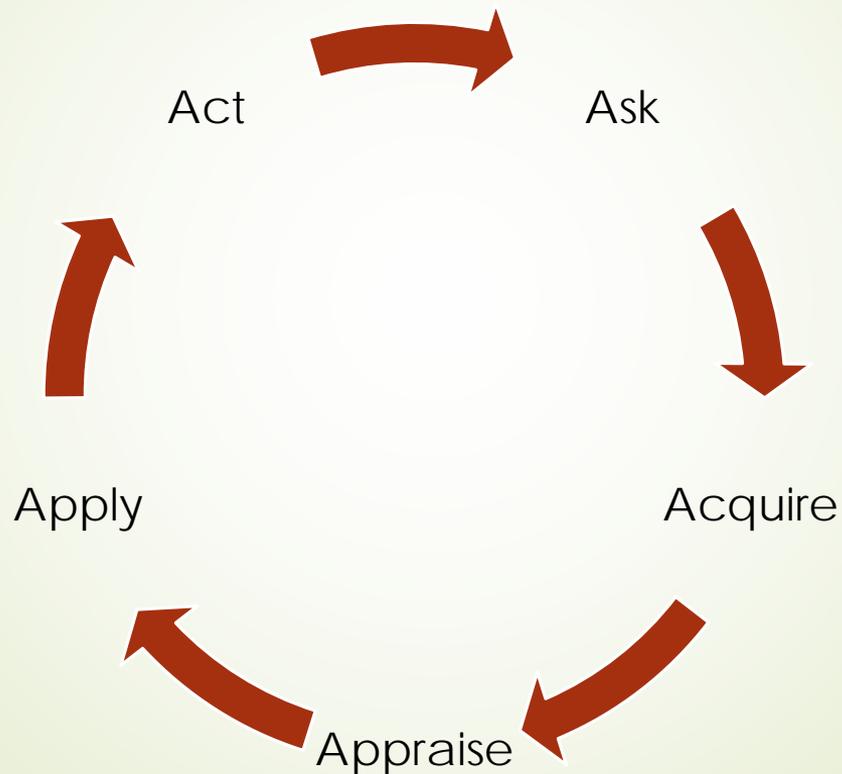


(adapted from Mazza & Hanson, 2015)

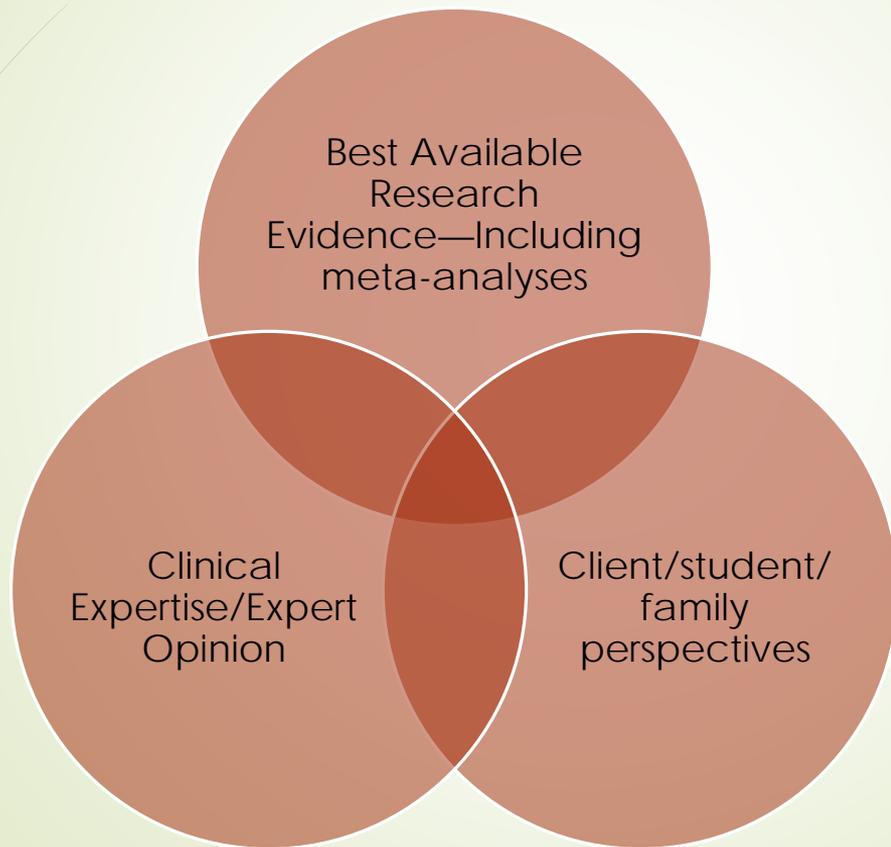
The Core Competencies in Counseling and Psychotherapy (the Sperry Model) (Newman, 2013)



Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders



Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders



Modifying Evidence Based Practices to Make Them Effective in Working with Individuals with Autism Spectrum Disorders and Co-occurring Psychiatric Illnesses

- ▶ General Recommendations:
 - ▶ (Matson & Sturmey, International Handbook of Autism and Pervasive Developmental Disorders, 2011)
 - ▶ There is no single medication or psychotherapeutic intervention that works in all cases.
 - ▶ Conceptual Framework: (McPartland, Klin, & Volkmar, 2014):
 - ▶ Greater need for collaboration between all people working with the individual with ASD, including family members, case management, school, mental health providers (Jacobsen, 2005)
 - ▶ Making Concepts Explicit (Jacobsen, 2005)
 - ▶ Making Thoughts Visible (Paxton & Estay, 2007)
 - ▶ Therapist as guide, mentor, interpreter, and coach
 - ▶ Need for ritual and routine; with explicit teaching of variations, changes, differences across people/environments, etc...

Traditional Structure of the Counseling Process May Have to be Individualized

► (Ellison, Kiss, & Childers, 2015)—

More Emphasis on Rapport and Relationship Building



In-Depth Problem Definition



Several Stages in Goal-Setting



Individualizing Interventions



Extended Time for Termination

Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders: Medication

- ▶ (Matson & Sturmey, International Handbook of Autism and Pervasive Developmental Disorders, 2011)
 - ▶ General principles of treatment for psychiatric comorbidity in ASD—is not to cure the symptoms of autism, but to improve the quality of life of the individual and decrease the burden of care of the family and care givers.
- ▶ (McPartland, Klin, & Volkmar, 2014): As it stands, the evidence available to practitioners involved in the ongoing care of people with AS and ASD suggests that the most effective role for pharmacology currently is to address problematic symptom clusters associated with the disorder and other conditions that might, if appropriately treated, facilitate adjustment of the individuals with AS.

Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders: Medication

- ▶ (Smile & Anagnostou, 2015):
 - ▶ Pharmacotherapy is one modality of intervention geared at removing barriers to learning by targeting associated symptoms of ASD such as irritability, aggression, and attention deficit hyperactive disorder (ADHD) symptoms, among others. It is important to ensure that fundamental interventions, such as behavioral programs that focus on skill development, are in place prior to or concurrent with pharmacotherapy, thus optimizing the effect of pharmacotherapy.
 - ▶ With a symptom-based approach, clinicians look for similarities in symptom clusters between ASD and other neuropsychiatric disorders and essentially “borrow” established therapies that are used to treat these other disorders and use them to address the behavioral challenges seen in individuals with ASD. Attention difficulties, impulsivity, hyperactivity, self-injurious behaviors, irritability, repetitive behaviors, anxiety, obsessions, and compulsions are common behaviors exhibited by individuals with ASD.

Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders: Medication

- ▶ (Smile & Anagnostou, 2015):
 - ▶ Hyperactivity, impulsivity, and inattention: attention deficit hyperactivity disorder symptom cluster
 - ▶ Stimulants, nonstimulants, α 2-agonists, antipsychotics
 - ▶ Irritability, aggression, and self-injurious behavior symptom cluster
 - ▶ Antipsychotics, mood stabilizers
 - ▶ Repetitive behaviors, obsessions, and compulsions symptom cluster
 - ▶ Selective serotonin reuptake inhibitors
 - ▶ Anxiety and affective instability symptom cluster
 - ▶ SSRI's, tricyclic antidepressants and benzodiazepines
 - ▶ Sleep problems
 - ▶ Melatonin
 - ▶ Common side effects of medications may include= weight gain, possible increase in tics/psychosis/mood disorders/aggressions etc.

Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders: Medication

- ▶ (Kirino, 2014): Although antipsychotics have not yet been approved for the treatment of autistic children by many countries, they are often used to reduce symptoms of behavioral problems, including irritability, aggression, hyperactivity, and panic.
- ▶ (Ji & Findling, 2015): Overall, efficacy and tolerability of pharmacotherapy in children with ASD are less favorable than data seen in typically developing children with similar symptoms. Current evidence-based pharmacotherapy options in children with ASD are very limited, and many have substantial adverse events. Clinicians should use pharmacotherapy as part of comprehensive treatment, and judiciously weigh risks and benefits.

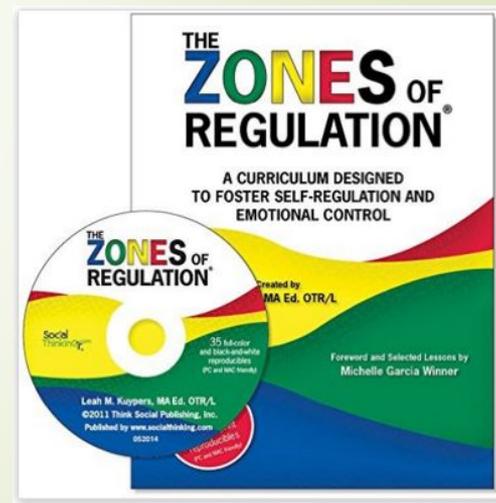
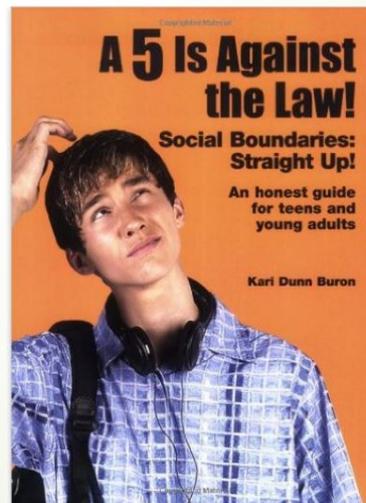
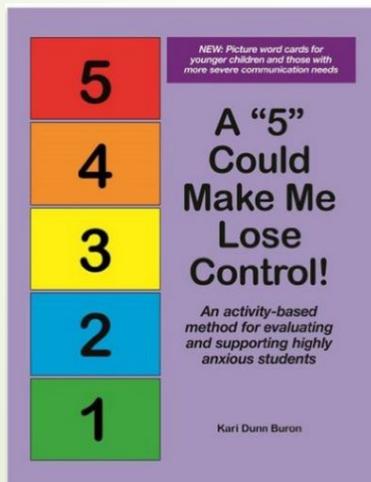
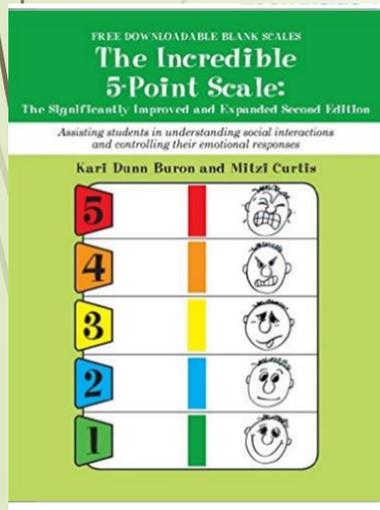
Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders: Medication

► Final thoughts on Medications

- Many families may choose to manage symptoms without medications. (e.g., gluten/casein-free diets)
- We want to see symptom reduction so purpose is being met and we want to see work continue on skills and environment modifications.
- Get an ROI for prescribing doctor and collaborate across environments.

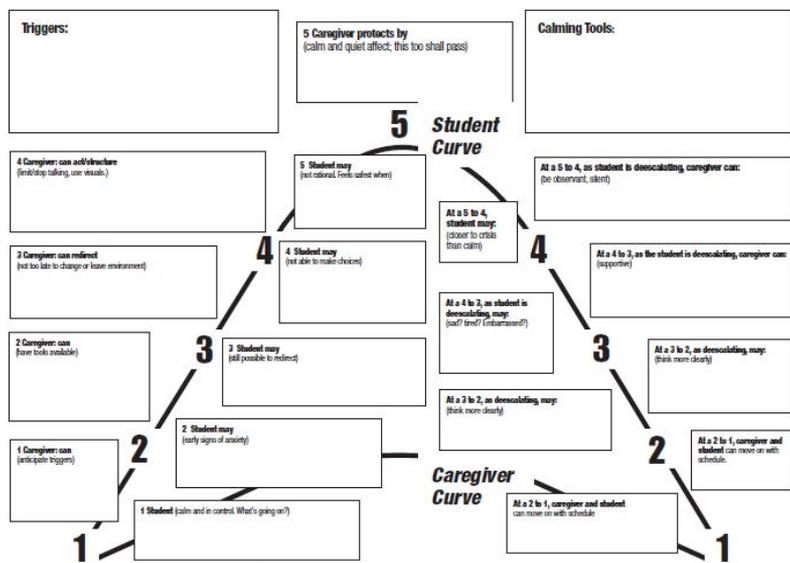
Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders: Skills Training

► Emotion Regulation:



Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders: Skills Training

➤ Incredible 5 Point Scale Examples:

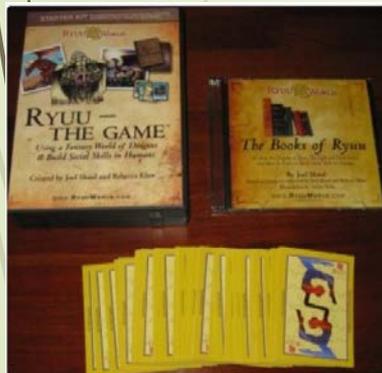


Anxiety Curve Worksheet for _____

OK	Not OK	Topic: _____
		5 <input type="text"/>
		4 <input type="text"/>
		3 <input type="text"/>
		2 <input type="text"/>
		1 <input type="text"/>

Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders: Skills Training

➤ Emotion Regulation



PEI INTERACTIVE FAMILY
PEI Interactive Family helps parents engage in responsive communication with their child on. Dr. Paul Ekman provides feedback on how to best respond.

[View Demo](#) [More info](#) [Add to cart](#)



PEI INTERACTIVE HOME
PEI Interactive Home helps supervisors communicate clearly with employees, while managing emotional responses. Dr. Paul Ekman provides feedback on how to best respond in stressful situations.

[View Demo](#) [More info](#) [Add to cart](#)



PEI INTERACTIVE LAW
Enforcement depicts an interrogator interviewing a suspect. Dr. Paul Ekman provides useful instruction for interrogators.

[View Demo](#) [More info](#) [Add to cart](#)



MICRO-FACIAL EXPRESSIONS TRAINING TOOL
Dr. Paul Ekman teaches you to detect micro-expressions. By spotting micro-expressions, you can better understand the concealed emotions of those around you.

[View Demo](#) [More info](#) [Add to cart](#)



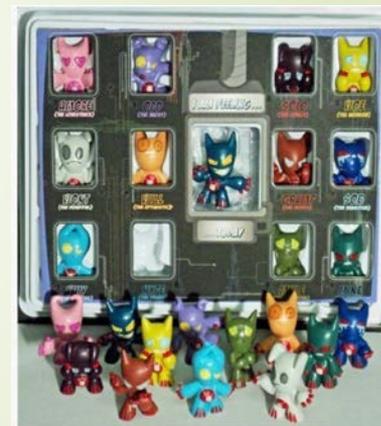
MICRO-FACIAL EXPRESSIONS TRAINING TOOL
Dr. Paul Ekman trains you to see micro-expressions that appear in just one region of the face. Understanding these micro-expressions can reveal surprise and deep emotions.

[View Demo](#) [More info](#) [Add to cart](#)



MICRO-FACIAL EXPRESSIONS TRAINING TOOL
Dr. Paul Ekman teaches how to recognize micro-expressions when viewing a profile of the person of interest. This training is useful for surveillance or in conferences with more than one person.

[View Demo](#) [More info](#) [Add to cart](#)



Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders: Skills Training

► Ryuu Cards: Examples

BLACK & WHITE 悪人

[POISON]



"EVERYTHING IS BLACK AND WHITE, GOOD OR BAD, WITH NOTHING IN BETWEEN. IF SOMEONE DOES SOMETHING BAD, THEN THEY ARE ALL BAD."

•BATTLES: GRAY BEAUTY•

GRAY BEAUTY 善人

[ANTIDOTE]



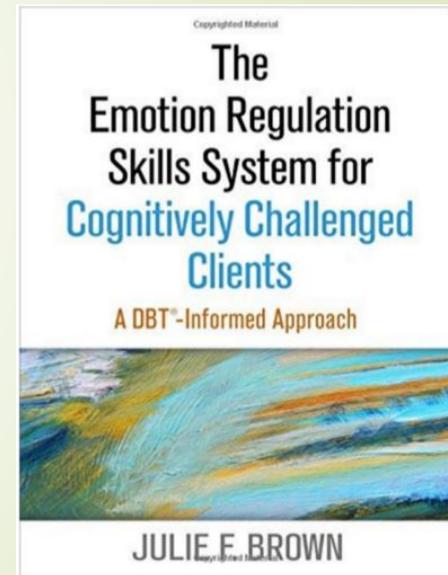
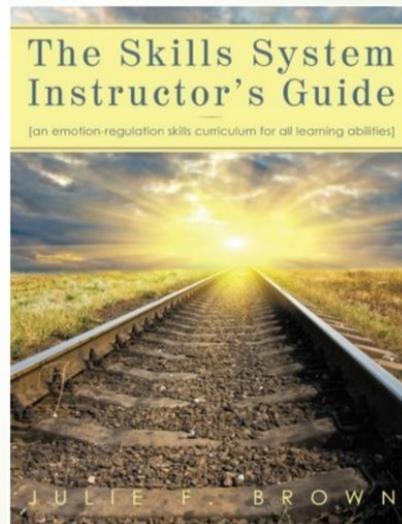
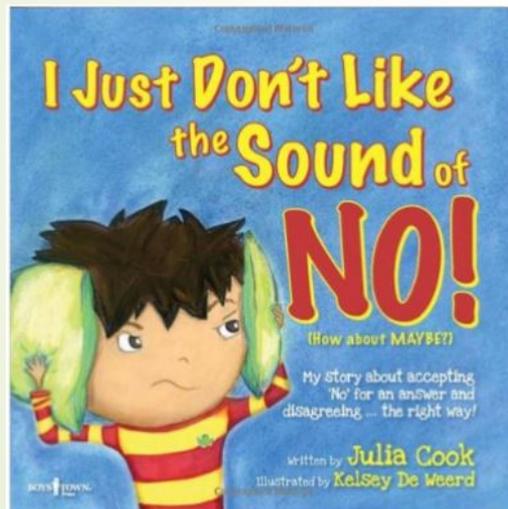
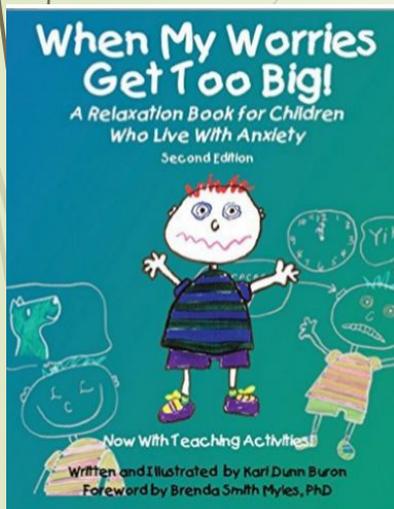
"THINGS ARE NOT JUST BLACK AND WHITE, GOOD OR BAD. IF SOMEONE DOES SOMETHING WRONG, THAT DOES NOT USUALLY MEAN THEY ARE ALL BAD. IF SOMEONE MAKES A MISTAKE AND NEEDS HELP TO SET THINGS RIGHT, THAT IS OKAY."

•BATTLES: BLACK & WHITE•

EMPATHAR			
WHAT IS HARD FOR EMPATHAR	WHO IS AGAINST EMPATHAR	WHO IS ON EMPATHAR'S SIDE	WHAT EMPATHAR NEEDS TO DO TO EVOLVE
Empathar forgets to show delight when others are happy. He forgets to show concern when others are troubled.	 Indifference	 Empathy	Empathar must respond to the feelings of others. He must try to react the right way when others are joyful, sad, worried or angry.
Empathar at times is not very interested in others.	 Oblivion	 Observer	Empathar must try to be interested in what others do and think.
When others talk about their feelings, Empathar forgets to look, listen and use the right facial expression.	 The Three Monkeys	 Face Eyes & Ears	Empathar must remember to look, listen and use the right facial expression.
Empathar gets confused about what different emotions are called and what they feel like.	 Emotional Blindfold	 Emotional Know-How	Empathar must learn about the varieties of emotions. He must start to imagine what those feelings feel like when others have them.

Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders: Skills Training

► Emotion Regulation



Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders: Skills Training

➤ Emotion Regulation Skills System Example:

SKILLS SYSTEM

HANDOUT 1

The Skills List

1. Clear Picture
2. On-Track Thinking
3. On-Track Action
4. Safety Plan
5. New-Me Activities
6. Problem Solving
7. Expressing Myself
8. Getting It Right
9. Relationship Care

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How Our Skills Help Us

There are NINE Skills in the Skills System.
Here is a list of the nine skills and how they help us.

All-the-Time Skills

1. **Clear Picture:** Clear Picture helps me notice what is happening inside and outside of me *right now*. I see the situation as it is.
2. **On-Track Thinking:** On-Track Thinking helps me think clearly about what I want and what will work to help me reach my goals.
3. **On-Track Action:** Once I get a Clear Picture and have On-Track Thinking, I take an On-Track Action to do something positive to move toward my goals.
4. **Safety Plan:** I use a Safety Plan to handle risky situations that are happening right now or may happen in the future.
5. **New-Me Activities:** I do New-Me Activities to help me focus my attention, help me feel better, distract me, and to have fun.

Calm-Only Skills

6. **Problem Solving:** I take time to solve problems in my life, so that I can be happier and reach my goals.
7. **Expressing Myself:** I share what is on my mind and in my heart to help me stay on track with myself and other people.
8. **Getting It Right:** Getting It Right helps me work with people to get what I want.
9. **RelationSHIP Care:** Relationship Care helps me understand how to have on-track relationships with myself and others.

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SKILLS DIARY CARD

A Skills Chain I Used Today

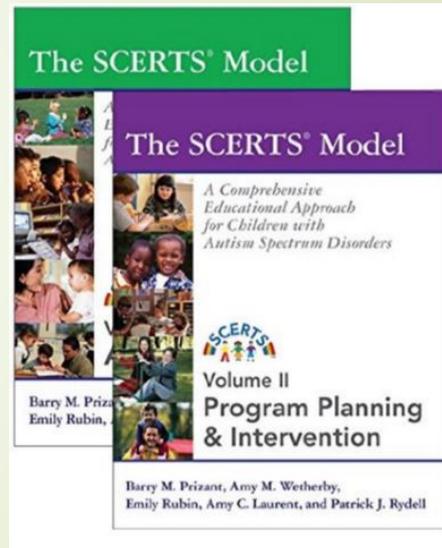
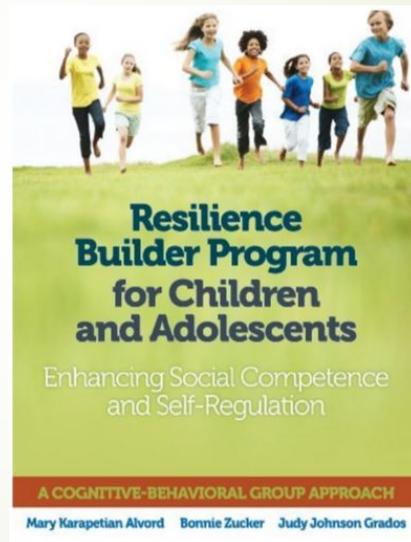
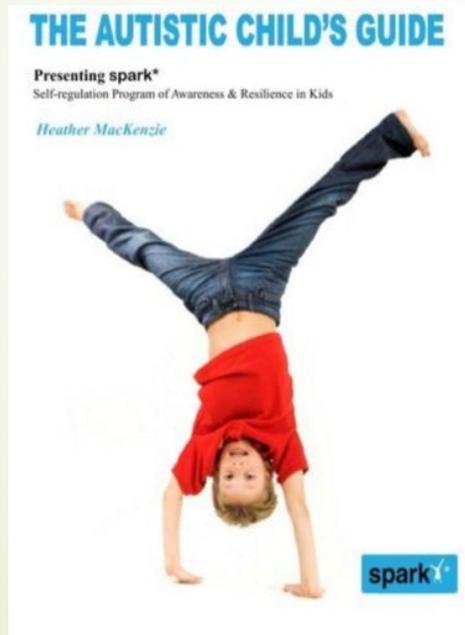
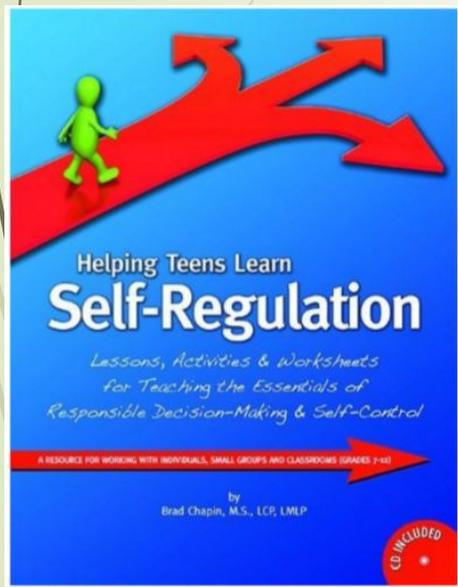
Name: _____ Date: _____

Mon.	       	Situation: _____ Feeling: 0 1 2 3 4 5
Tue.	       	Situation: _____ Feeling: 0 1 2 3 4 5
Wed.	       	Situation: _____ Feeling: 0 1 2 3 4 5
Thu.	       	Situation: _____ Feeling: 0 1 2 3 4 5
Fri.	       	Situation: _____ Feeling: 0 1 2 3 4 5
Sat.	       	Situation: _____ Feeling: 0 1 2 3 4 5
Sun.	       	Situation: _____ Feeling: 0 1 2 3 4 5

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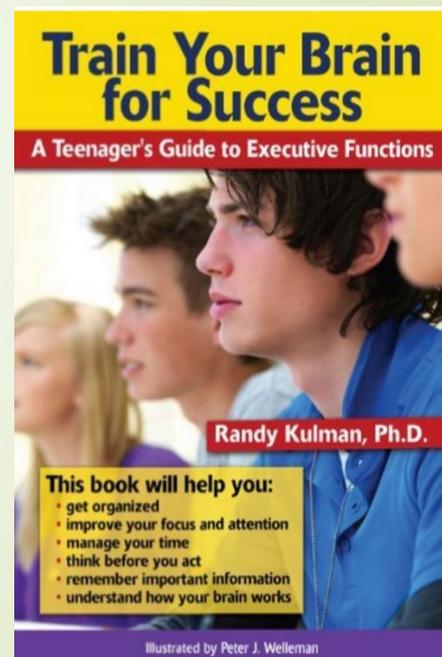
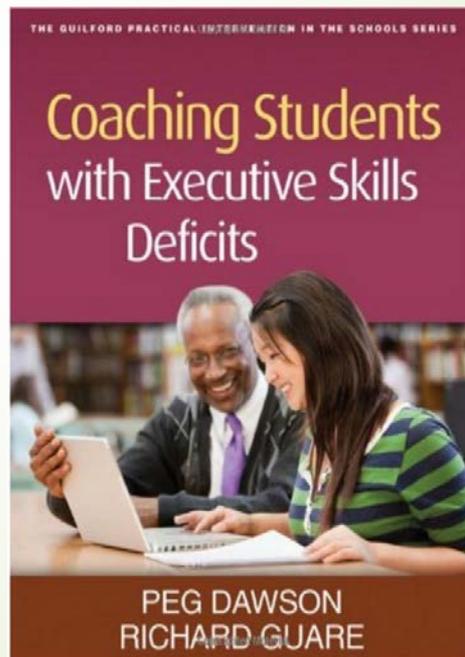
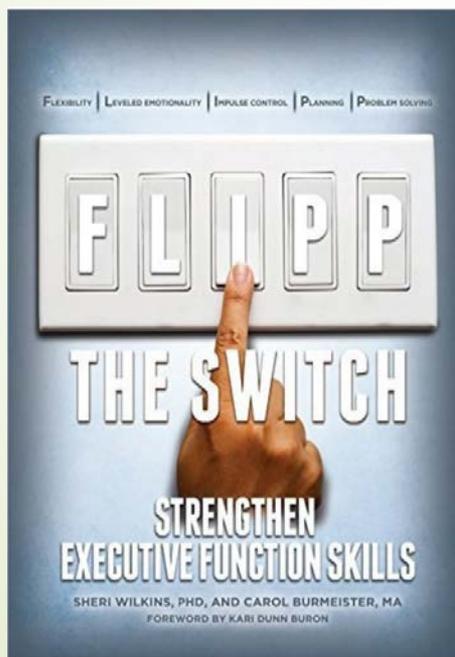
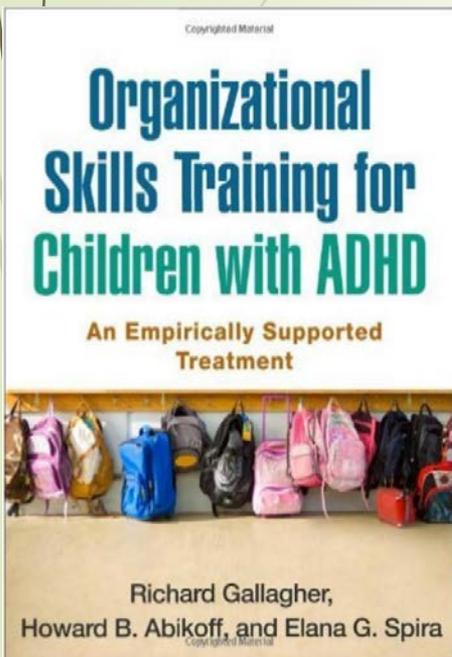
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► Self-Regulation



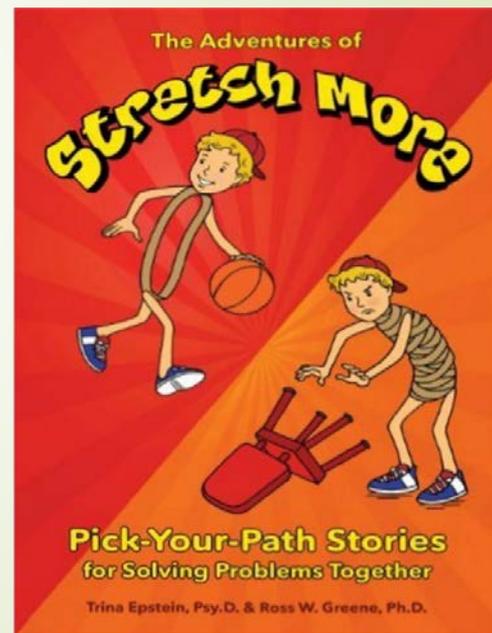
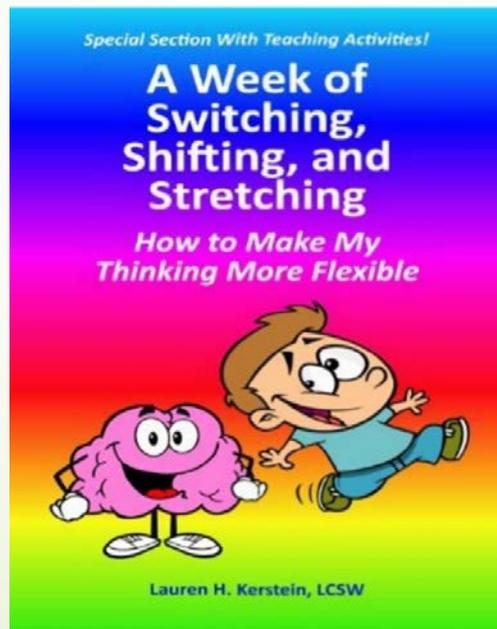
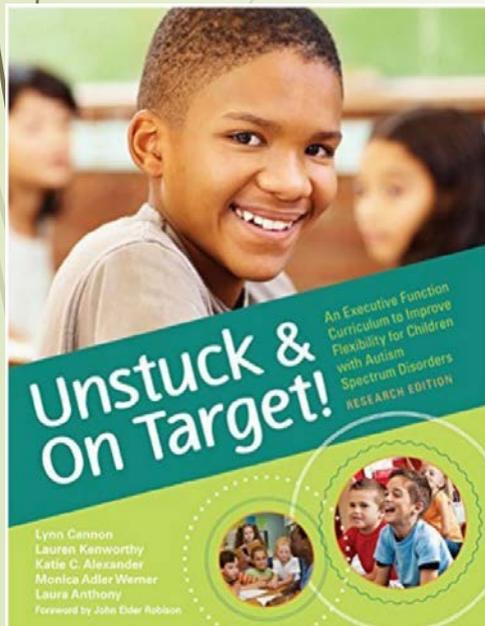
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► Executive Functioning



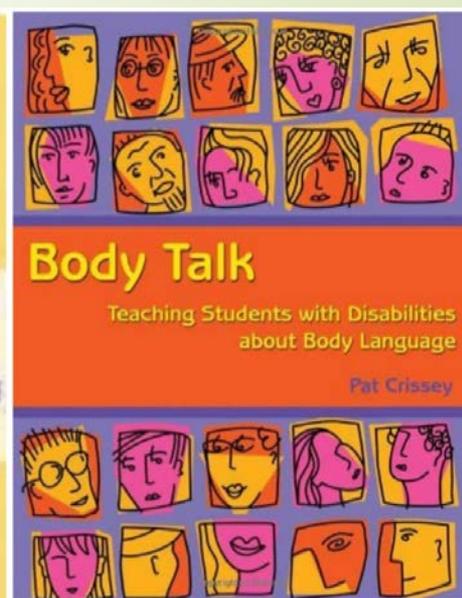
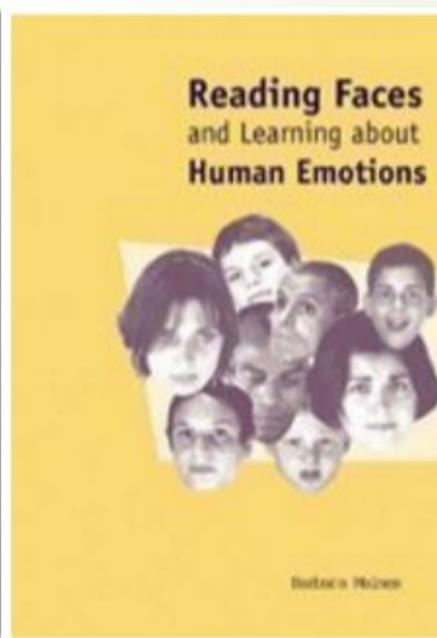
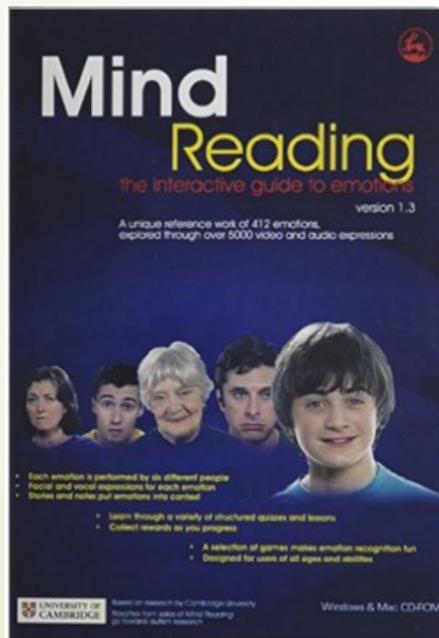
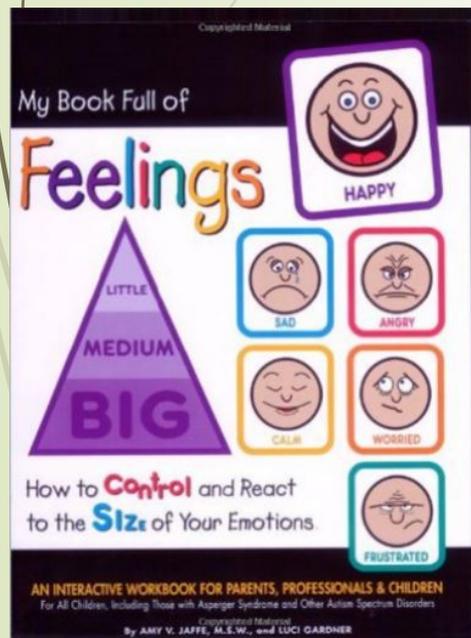
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➤ Flexibility



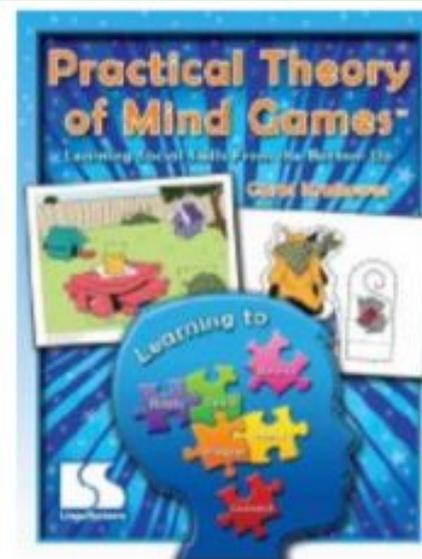
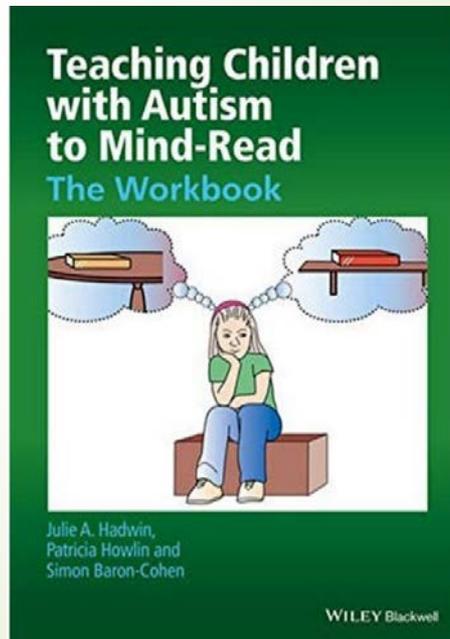
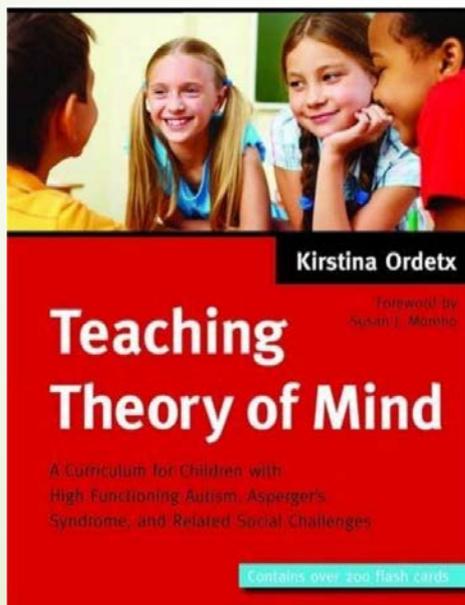
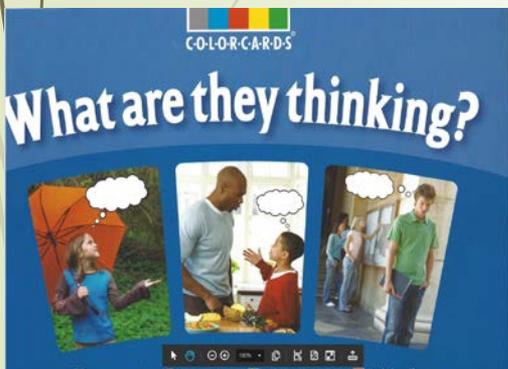
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► Emotion Regulation



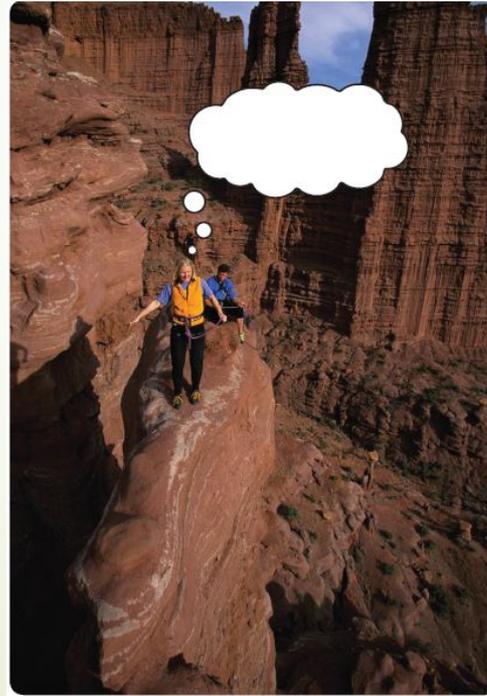
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➤ Social Competency—Perspective Taking



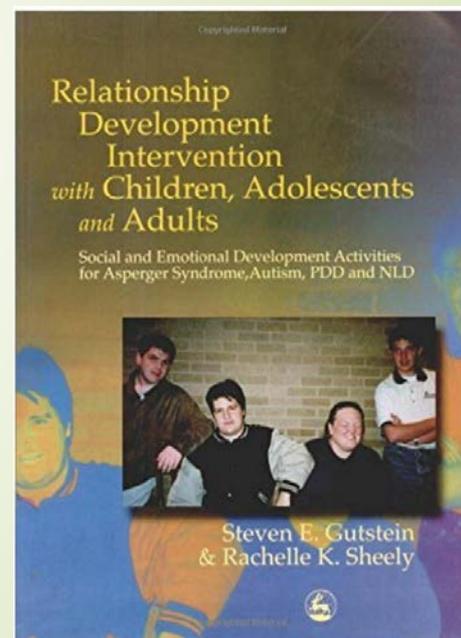
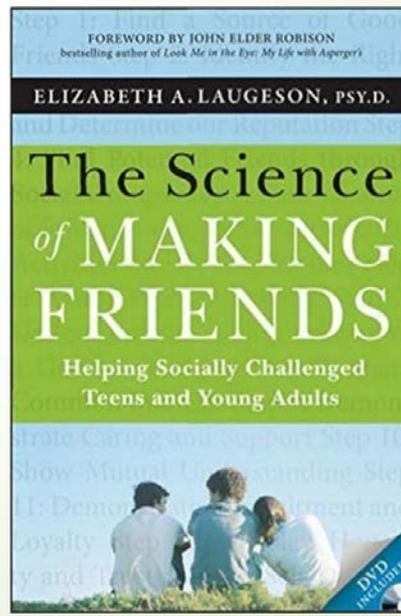
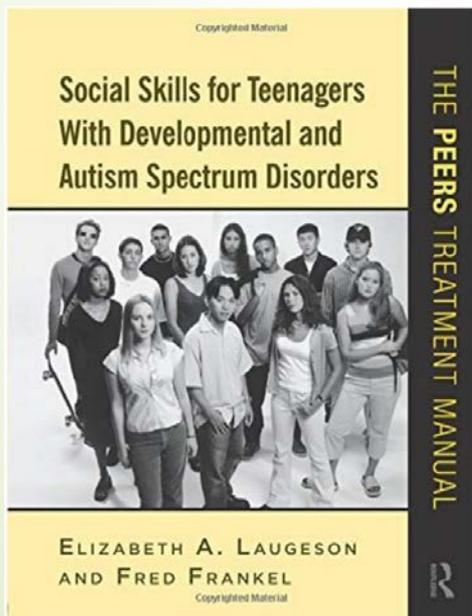
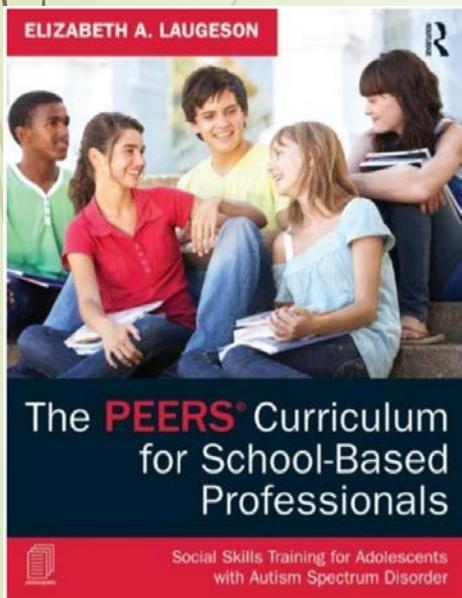
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➤ WATT Cards Examples



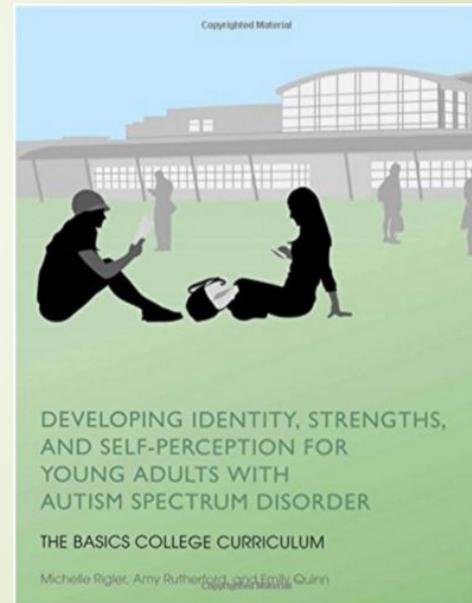
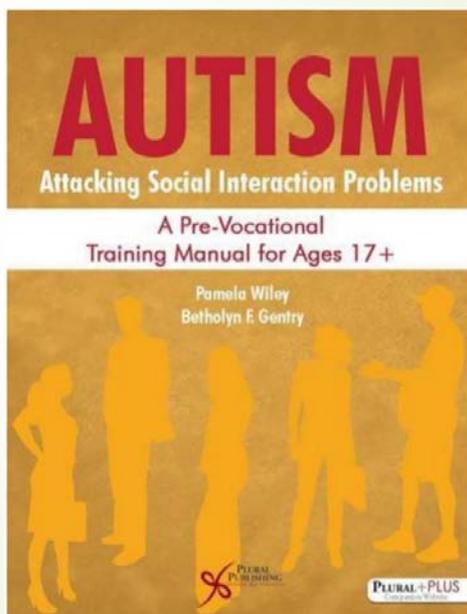
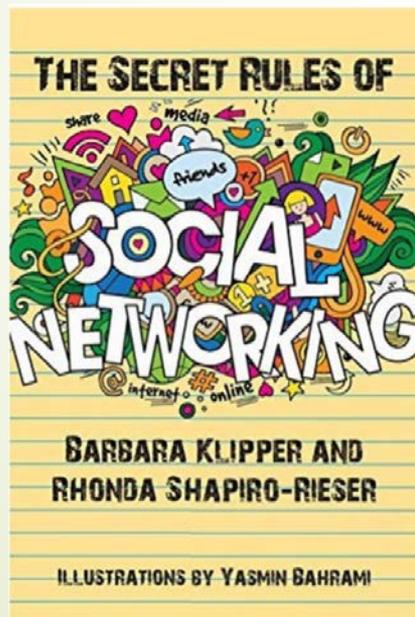
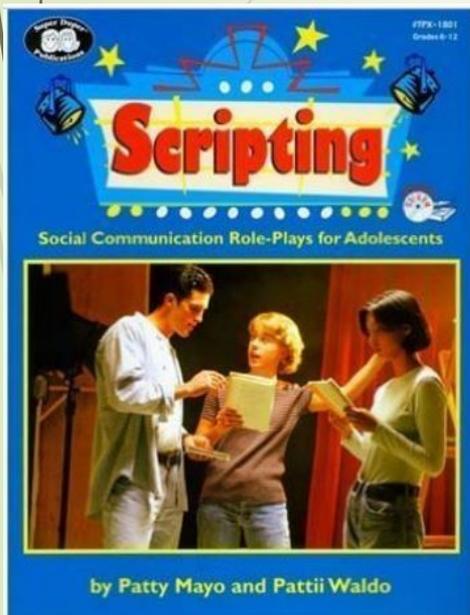
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► Social Competency—Evidence-Based Programs



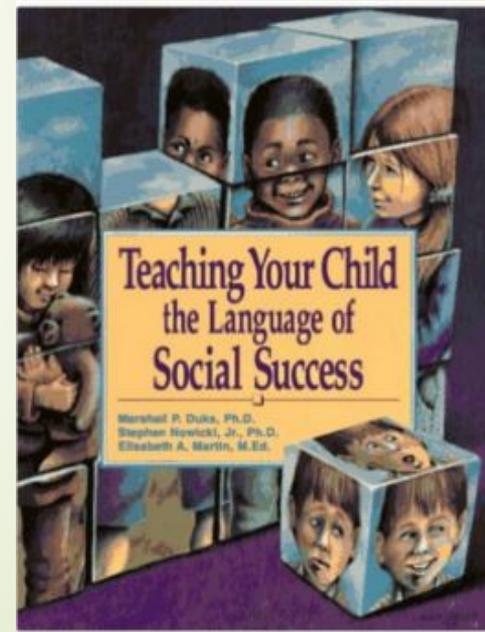
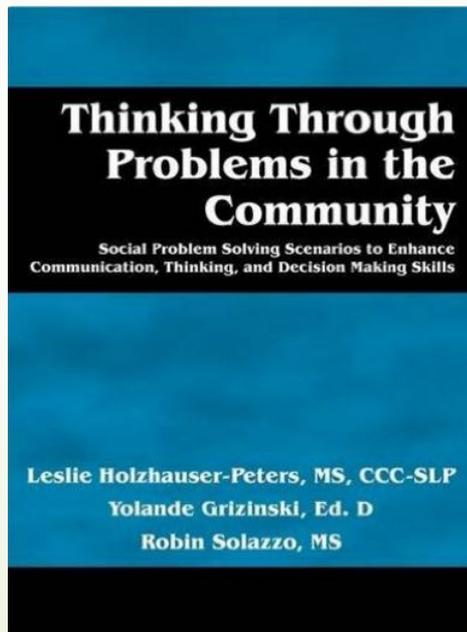
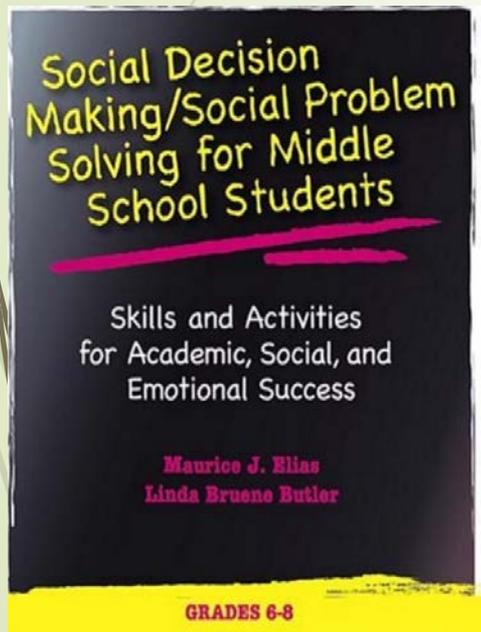
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➤ Social Competency



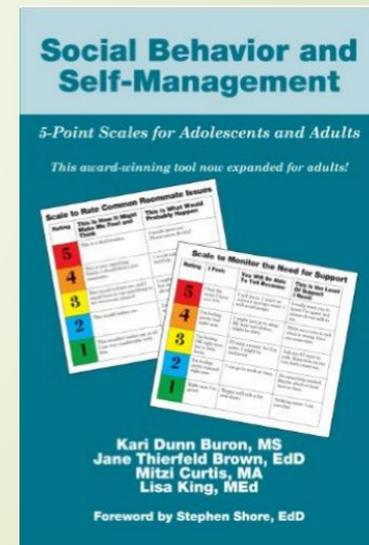
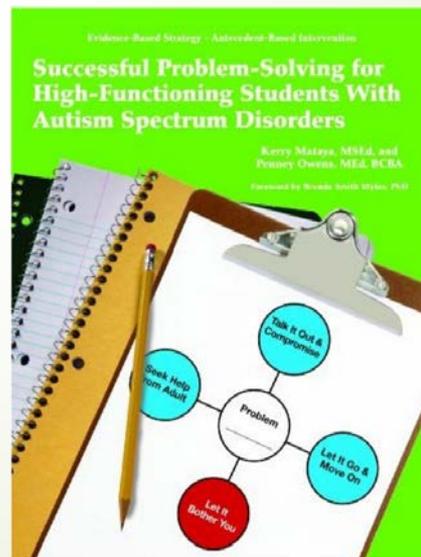
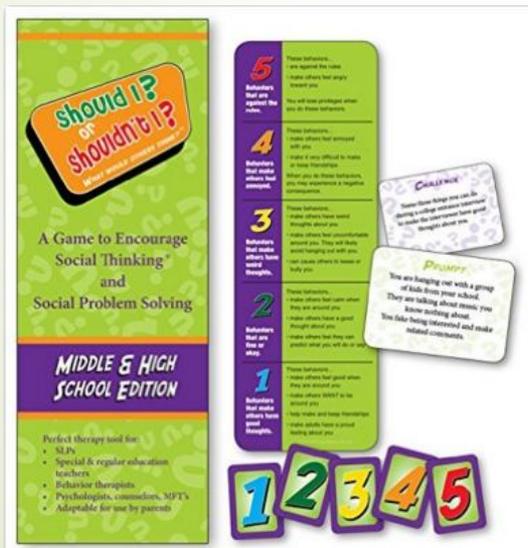
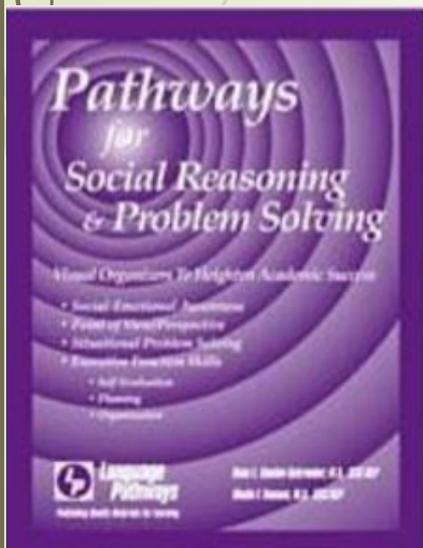
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➤ Social Competency—Social Problem Solving



Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders: Skills Training

➤ Problem Solving



Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders: Skills Training

➤ Pathways for Social Reasoning and Problem Solving Example

Point of View/Perspective Student Example

☆ Reporter: Lisa Date: 4-6-04

☆ Situation: What's Happening?

Who? Jane, Emily, and Me

Where? Lunchroom

When? Yesterday

Initiating Event: I was walking to sit next to Emily.

Response(s): Then Jane rushed over to Emily and sat in the spot I wanted.

Outcome: - When that happened I weeped because I felt mad.
- Then the teachers talked to me.

My Point of View/My Perspective of the Situation

My thoughts and feelings:

In my opinion, Jane was being mean to me and didn't want Emily to be my friend.

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Recognizing Others' Point of View/Multiple Perspectives Student Example

Situational Observations

From My Perspective: Patrick

Joey made a mean face and called me a name at recess for no reason.

Result

I pushed him, and he hit me. Now the class is mad at me, and I don't know why.

Situational Observations

From Joey's perspective:

Patrick wouldn't follow the teacher's directions, so we all had to come in early.

Result

I yelled at Patrick, he pushed me, so I hit him.

Compare/Contrast

Recognizing Other's Point of View/What's Next?

I thought they were mad at me for no reason. I guess they were mad at me because they had to come in early from recess when I didn't follow directions. Next time I'll listen to the teacher.

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Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders: Skills Training

➔ Visual Supports for Visual Thinkers Example:

Keeping the Calm: "We Must Decrease the Stress."		
	How the student feels	Supportive responses
5	 I need some help!	<ul style="list-style-type: none"> ❑ Gross motor activity ❑ Visual cue for counting ❑ Visual cue for breathing ❑ Redirect to replacement behavior
4	 I'm really upset.	<ul style="list-style-type: none"> ❑ Cartooning a situation ❑ Offer calming strategy (squeeze hands/rub back/chill zone) ❑ Present transition marker
3	 I've got a problem.	<ul style="list-style-type: none"> ❑ Refer to schedule ❑ Present a "yes/no" question ❑ Refer to emotion rating scale
2	 Things are pretty good.	<ul style="list-style-type: none"> ❑ Refer to narrative ❑ Refer to keychain rule ❑ Refer to T-chart ❑ Offer a choice
1	 Feeling Great!	<ul style="list-style-type: none"> ❑ Adjust amount of work ❑ Refer to the communication device ❑ Refer to the first/then board ❑ Provide positive reinforcement



Stop



Think



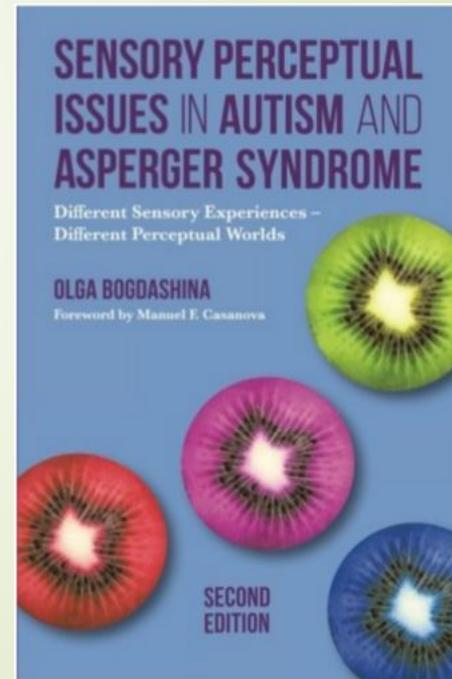
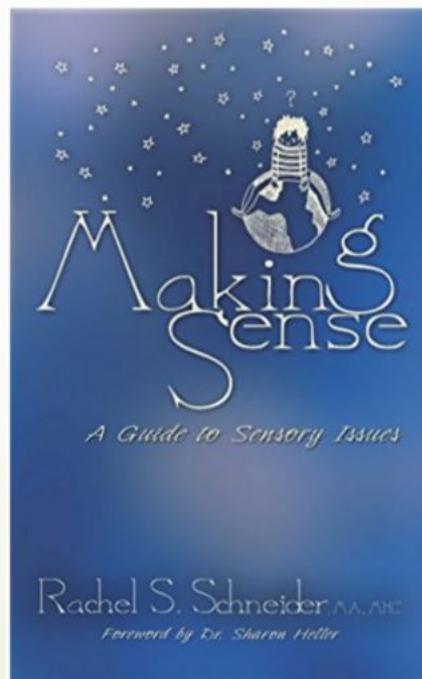
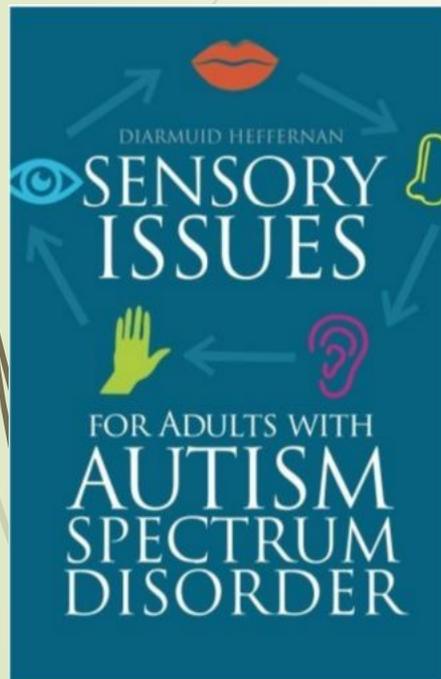
Solving My Problem

I have a problem: _____

Pictures of solutions	Possible solutions	What will I do?
	a)	
	b)	
	c)	

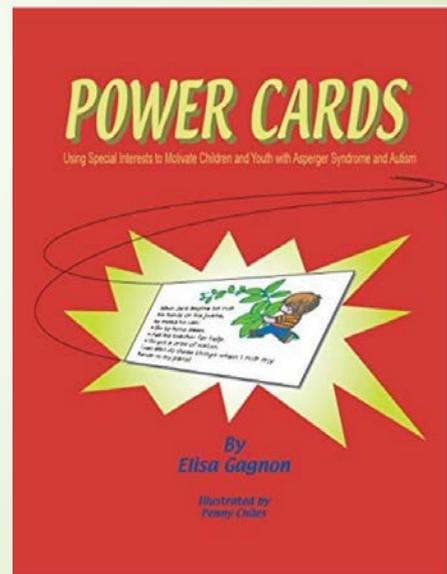
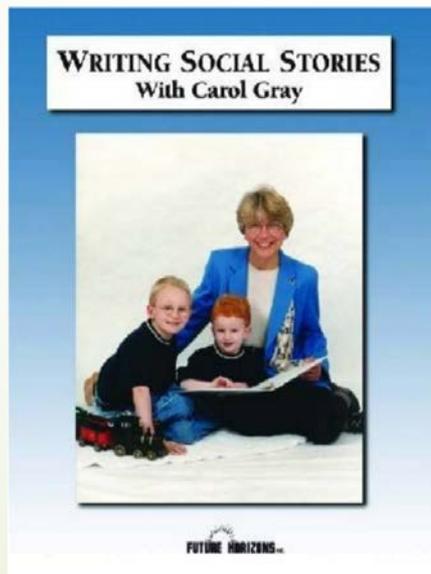
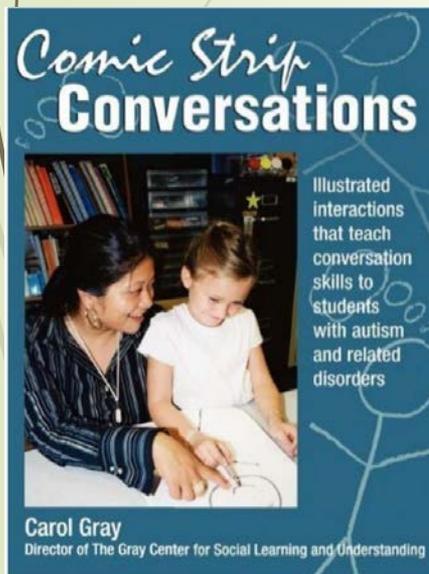
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➤ Tools that can be used across skill areas—Sensory:



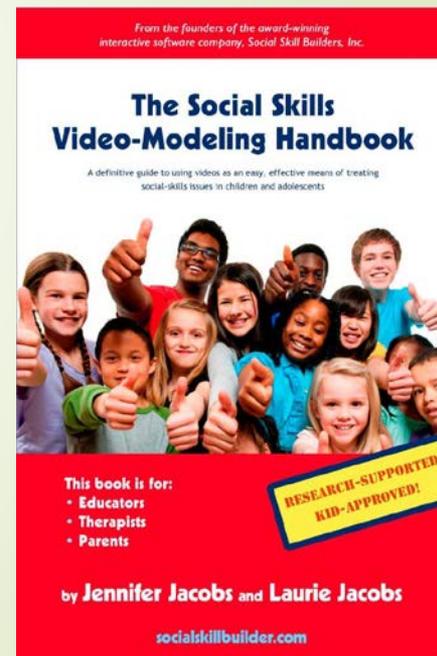
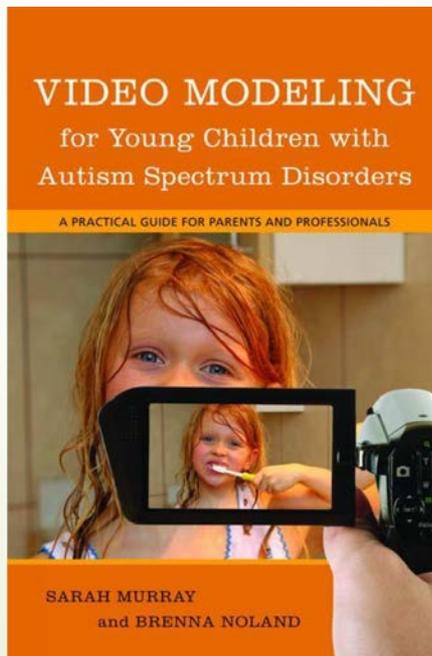
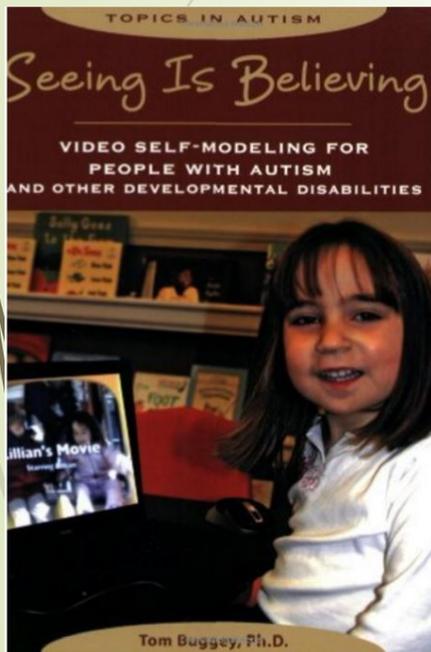
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► Tools that can be used across skill areas:



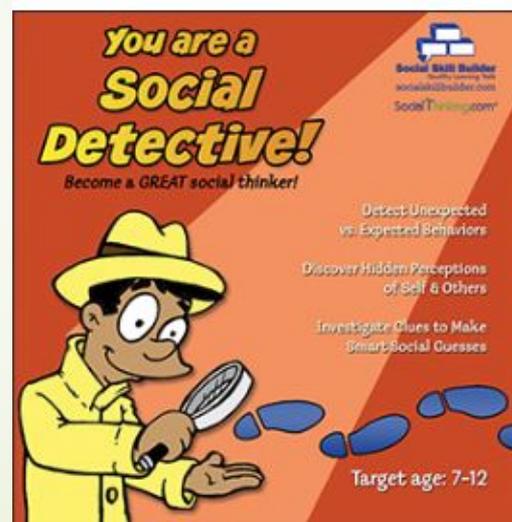
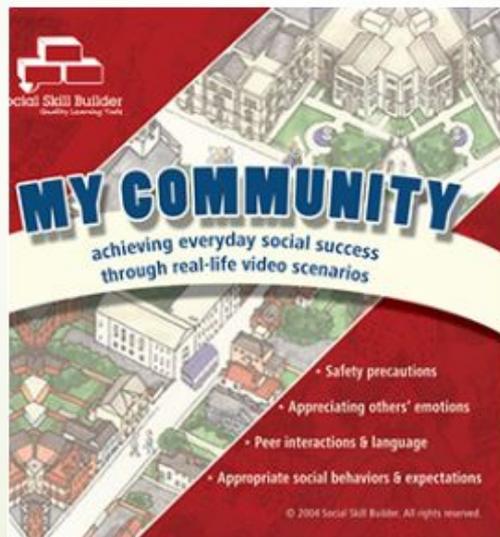
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- Tools that can be used across skill areas--Video Modelling



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► Tools that can be used across skill areas—Pre-Made Video Model:



Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders--Cognitive Behavioral Therapy

- ▶ (Kreslins, Robertson, & Melville, 2015): psychosocial (CBT) interventions were superior to waitlist and treatment-as-usual control conditions at post-treatment...individual treatment was more effective than group treatment.
- ▶ (Spain, Sin, Chalder, Murphy, & Happe, 2015): CBT interventions--including behavioural, cognitive, and mindfulness-based techniques--were moderately effective treatments for co-morbid anxiety and depression symptoms
- ▶ (Storch, et al., 2014): Results--Youth randomized to CBT demonstrated superior improvement across primary outcome relative to those receiving treatment as usual.
- ▶ Included on the National Autism Center's National Standards Project Phase 2 as having an Established Evidence Base for its use as an intervention with Individuals with Autism Spectrum Disorders (National Autism Center, 2015).

Considerations in the Use of Cognitive Behavioral Therapy with Individuals with Autism Spectrum Disorders

- ▶ Specific Barriers to Treatment (Selles, Ung, Nadeau, & Storch, 2014):
 - ▶ Common characteristics of ASD, such as communicative, social, and cognitive deficits, emotion regulation deficits, and inflexible adherence to rules and structure, present unique treatment barriers.
 - ▶ Youth with ASD may struggle to accurately report their mental states and daily life experiences, and to separate difficulties associated with core features of autism or comorbid psychiatric disorder.
 - ▶ Cognitive deficits such as limited insight (Storch et al., in press), lack of theory of mind, attention difficulties, and restricted interests (Wood et al., 2009) may reduce the efficacy of treatment.
 - ▶ Youth with ASD may be unwilling or unmotivated to engage in treatment because they do not believe a problem exists, are uncomfortable with any changes to their routine, or are unable to understand how therapy will help.
- ▶ **Modifications are needed to use these approaches with individuals with ASD**

Cognitive Behavioral Therapy: Skills Required to Engage in CBT

(McLeod, 2013):

- Emotion recognition
- Understanding the link between thoughts, feelings and behaviour
- Cognitive mediation
- Meta-cognitive abilities/Self-reflection
- Perspective-taking
- Verbal ability
- Short and long-term memory



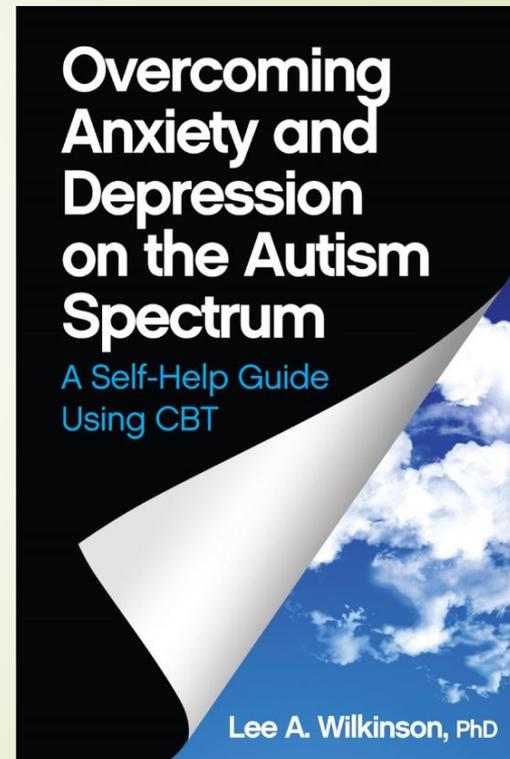
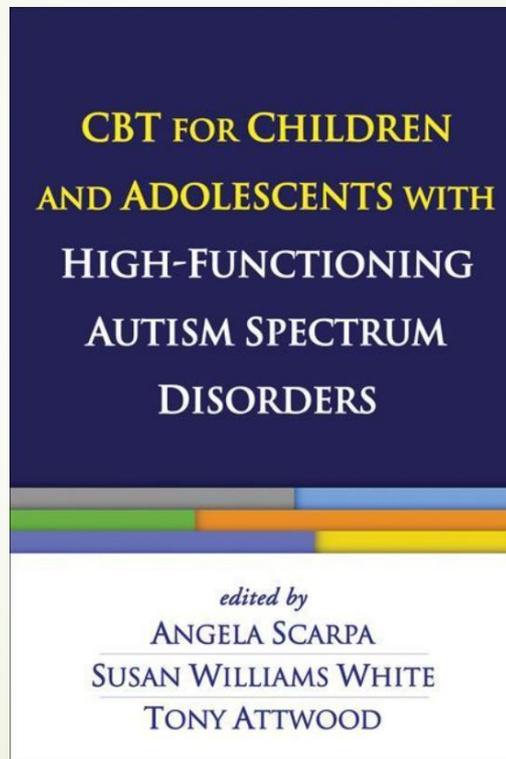
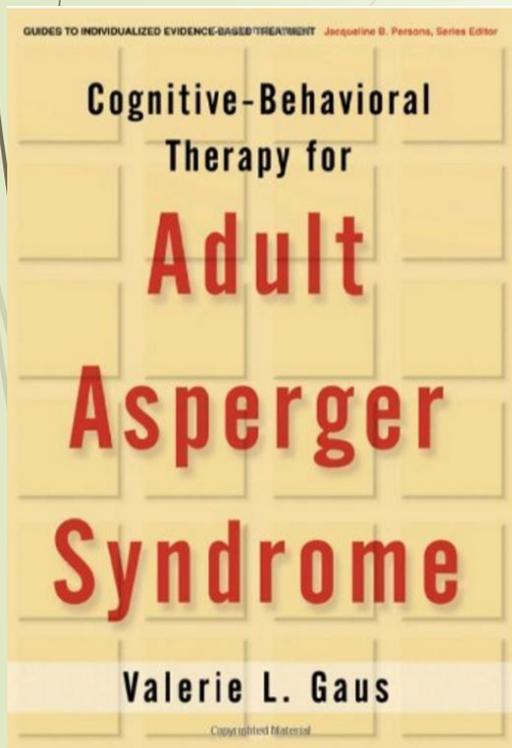
Modifications to Cognitive Behavioral Therapy for Use with Individuals with Autism Spectrum Disorders (Selles, Ung, Nadeau, & Storch, 2014) (Paxton & Estay, 2007) (Scarpa, Williams, White, & Attwood, 2013)

- ▶ Any modification to CBT for children with ASD will primarily be related to the previously mentioned skill deficits, rather than to the presenting comorbid condition (Selles, Ung, Nadeau, & Storch, 2014).
- ▶ Cognitive Modifications: significant reduction in reliance upon wholly cognitive tasks, may need to compensate for lack of entry-level emotional and behavioral skills required for CBT, modifying language to understanding of client, increased structure of transitions and sequencing, visual sequencing of steps, shortened individual session time, concrete terminology and activities for cognitive restructuring tasks, use of visual representations and hands-on activities (e.g., comic strip conversations), client may need assistance in generating alternative or coping thoughts, use of special interests as a metaphor, need for family/staff involvement and training to aid in skill transference

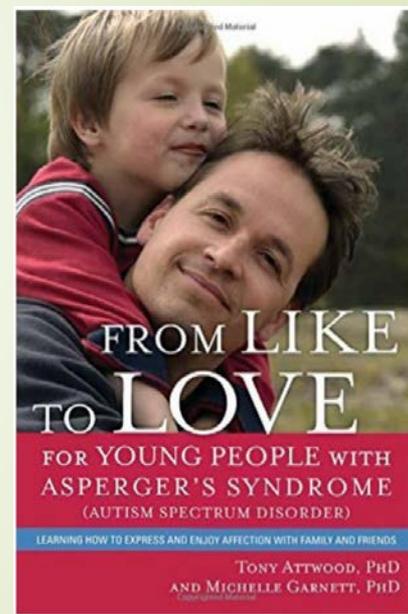
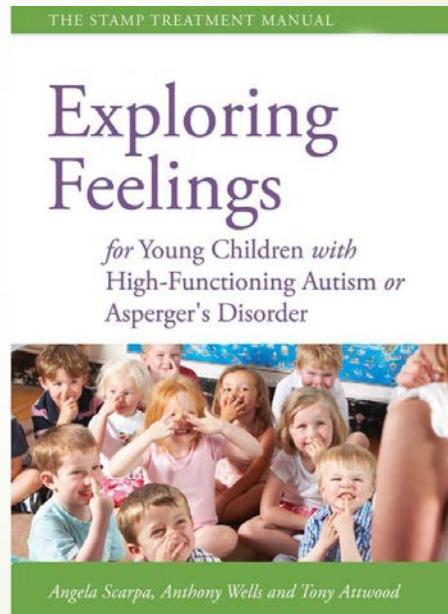
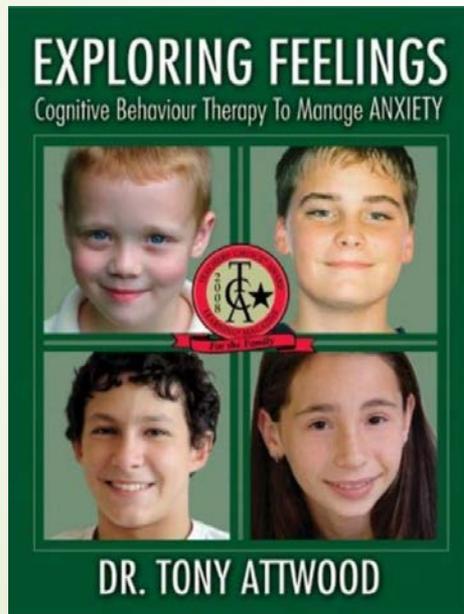
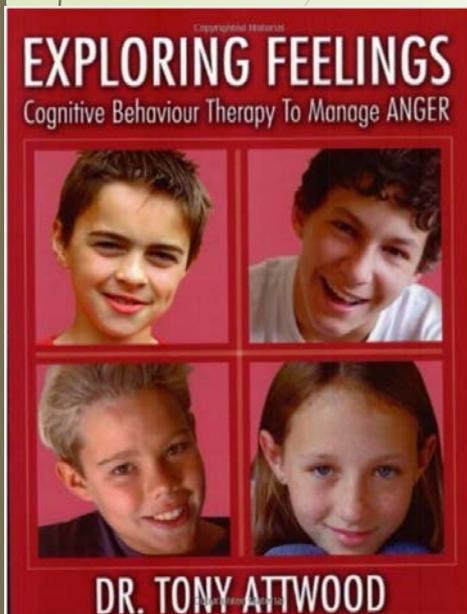
Modifications to Cognitive Behavioral Therapy for Use with Individuals with Autism Spectrum Disorders (Selles, Ung, Nadeau, & Storch, 2014) (Paxton & Estay, 2007) (Scarpa, Williams, White, & Attwood, 2013)

- ▶ Cognitive restructuring is not recommended when the client is out of touch with reality or locked into inflexible thinking (Paxton & Estay, 2007)
- ▶ Behavioral Modifications: activity and/or pleasant event scheduling, grading task/ homework assignments, exposure with response prevention, relaxation/breathing training, coping cards, rehearsal or application of learned cognitive routines, goal setting, structuring choices for success

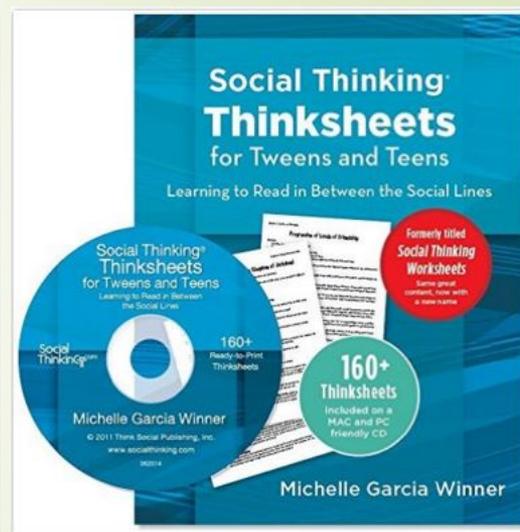
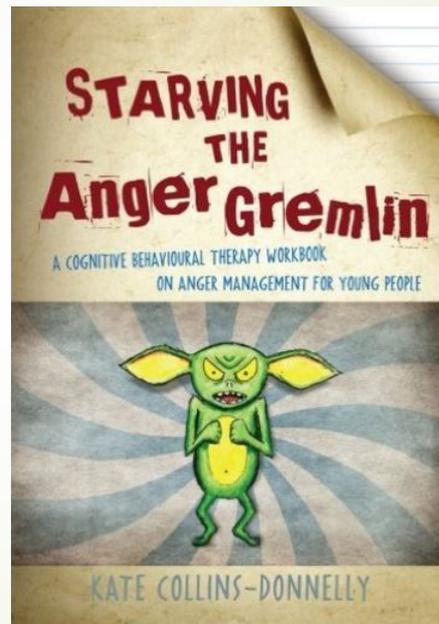
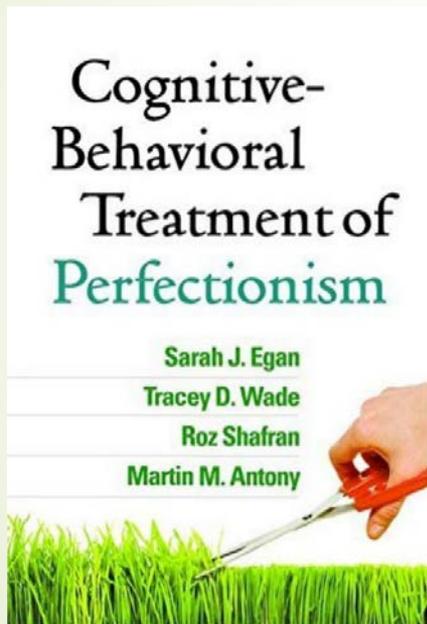
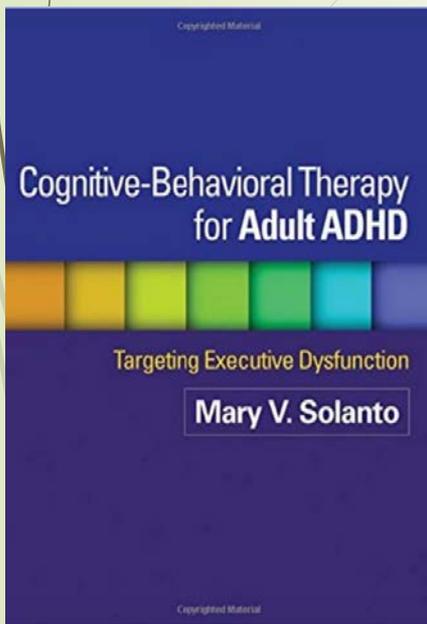
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Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders--Cognitive Behavioral Therapy



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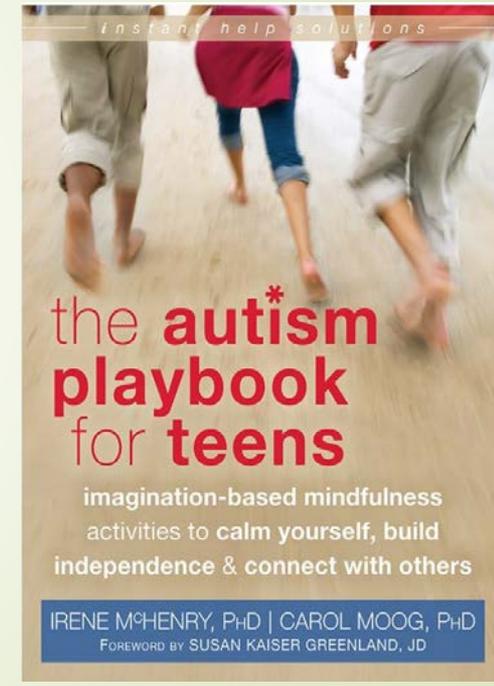
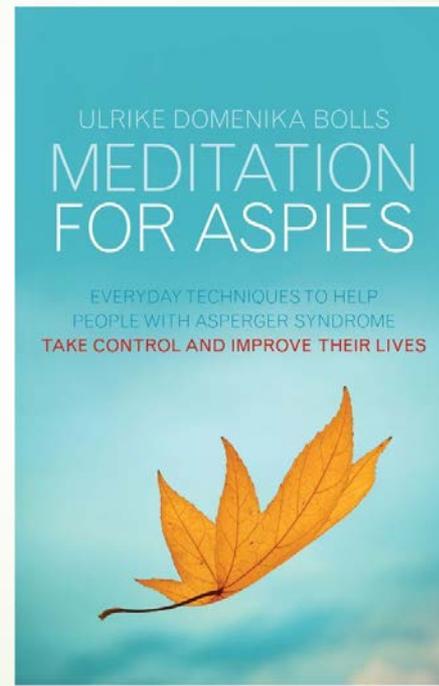
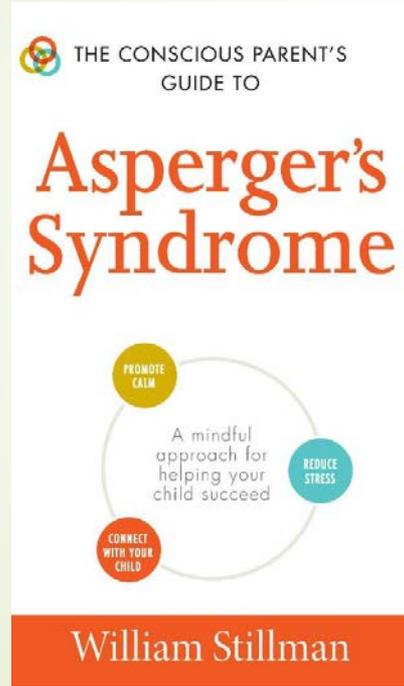
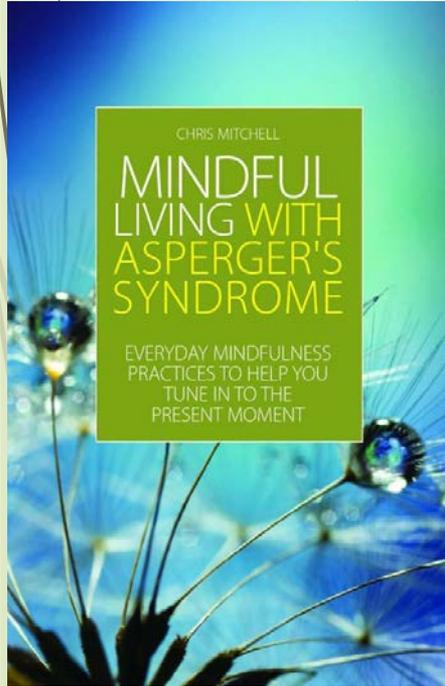
Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders--Mindfulness

- ▶ Emerging evidence base—expanding literature base for use of mindfulness practices in interventions for individuals with Autism Spectrum Disorders
- ▶ (Kiep, Spek, & Hoeben, 2014): early research showed that mindfulness-based therapy for individuals on the autism spectrum is effective in reducing symptoms of depression, anxiety, and rumination.
- ▶ (Hwang & Kearney, 2015): Recent intervention studies have reported the successful application of mindfulness meditation practice for individuals with developmental disability (DD), including ASD, as evidenced by reductions in their behavioural (e.g. Singh et al., 2013), psychological (e.g. Spek et al., 2013) and physical (e.g. Singh et al., 2014a) problems.

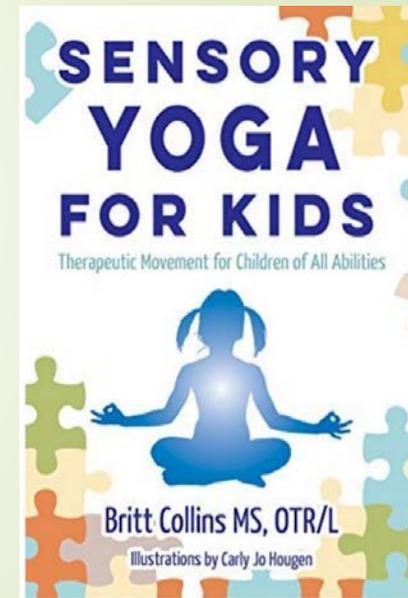
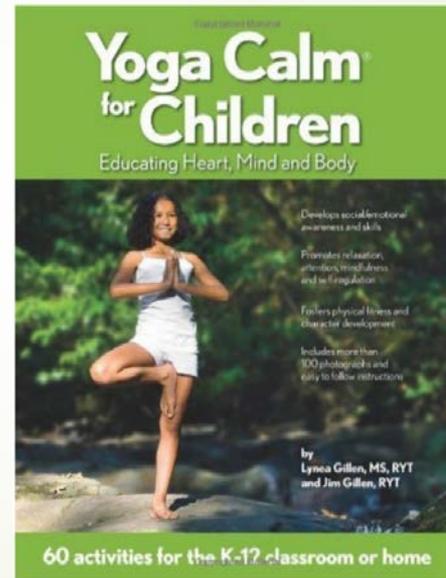
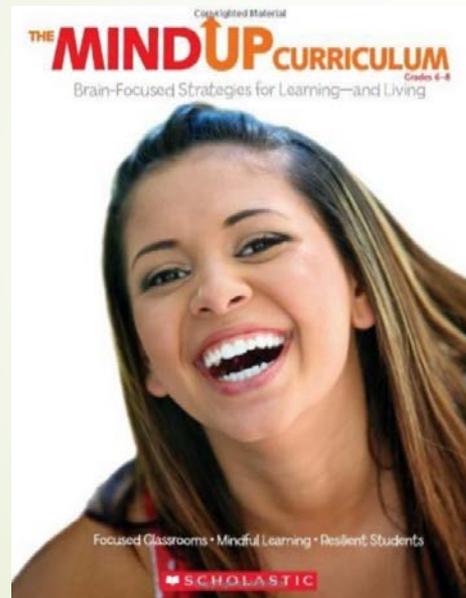
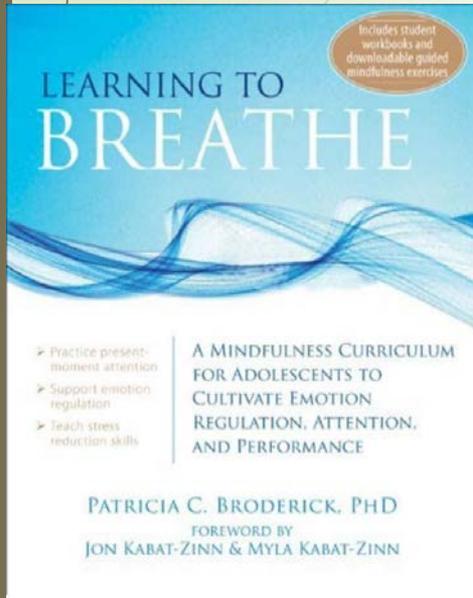
Modifications to Mindfulness Practices for Use with Individuals with Autism Spectrum Disorders

- ▶ Need to consider factors reviewed on slide related to **Considerations in the Use of Cognitive Behavioral Therapy with Individuals with Autism Spectrum Disorders** when making modifications to mindfulness practices
- ▶ Need to consider similar factors related to the cognitive modifications for Cognitive Behavioral Therapy when making modifications to mindfulness practices.
- ▶ Example: Meditation on Soles of Feet
 - ▶ Begins with practitioner establishing posture by sitting or standing with feet on floor
 - ▶ Then paying attention to breathing, thus grounding the mind
 - ▶ Next stage involves reminding herself of specifics of her arousal state
 - ▶ The practitioner then directs attention to the soles of the feet until body and mind calm down

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B – Listen to your Body.

R – Reflections (thoughts) are just thoughts.

E – Surf the waves of your Emotions.

A – Attend to the inside and the outside.

T – Try Tenderness – Take it as it is.

H – Practice Healthy Habits of mind.

E – Gain the Inner Edge. Be Empowered!



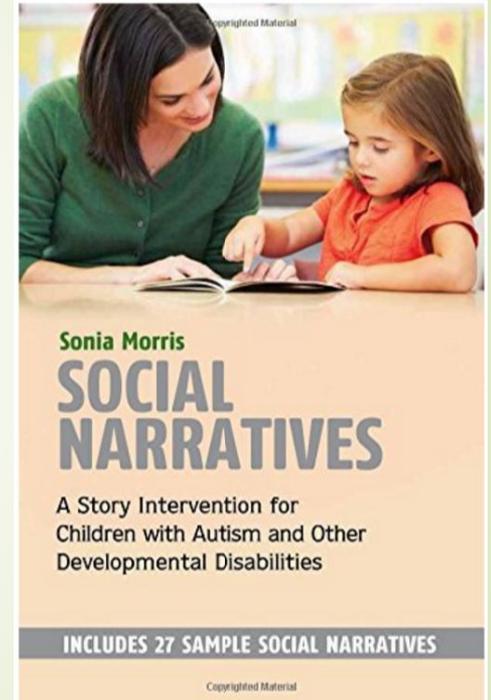
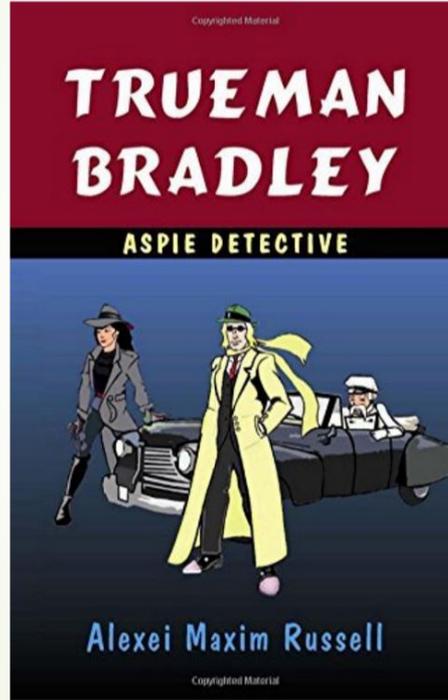
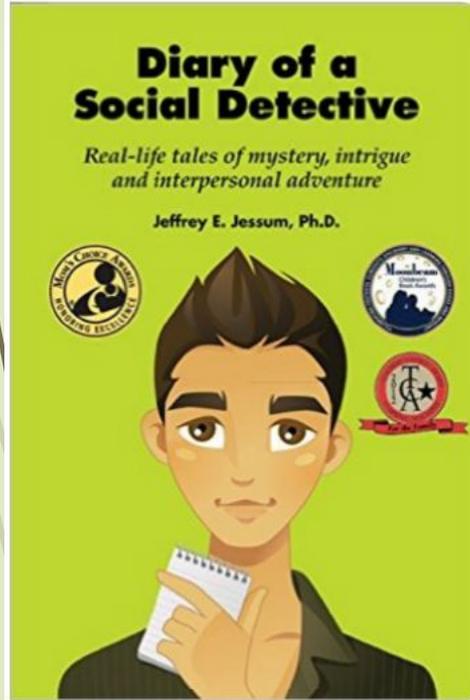
Considerations in Working with Individuals with Autism Spectrum Disorders-Treatment Considerations

- ▶ Setting up the counselling relationship: (Paxton & Estay, 2007)
- ▶ Increased need for acknowledgment and acceptance (many individuals have a poor support network, poor self-esteem, poor self-awareness, and a very fragile personality) (Moat, 2013)
- ▶ Need to understand the complex relationships that are around the person (Moat, 2013)
- ▶ Autism is just one factor in the individual's life (Moat, 2013)
- ▶ Motivation for Participating in Therapy/Change
- ▶ The science and art of working with individuals with Autism Spectrum Disorders (Cotugno, 2016)

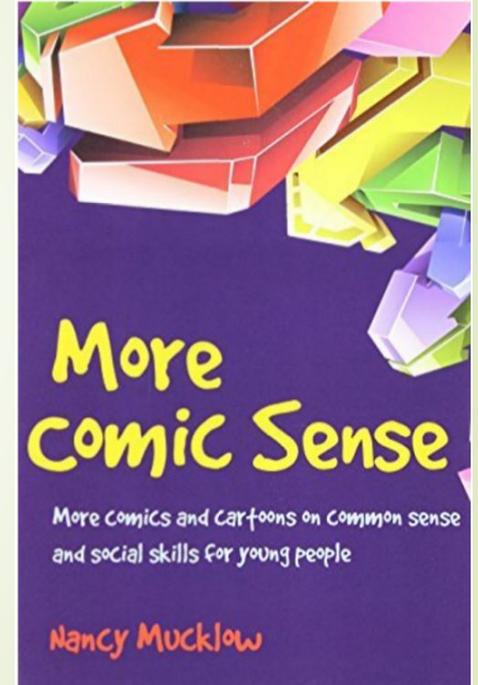
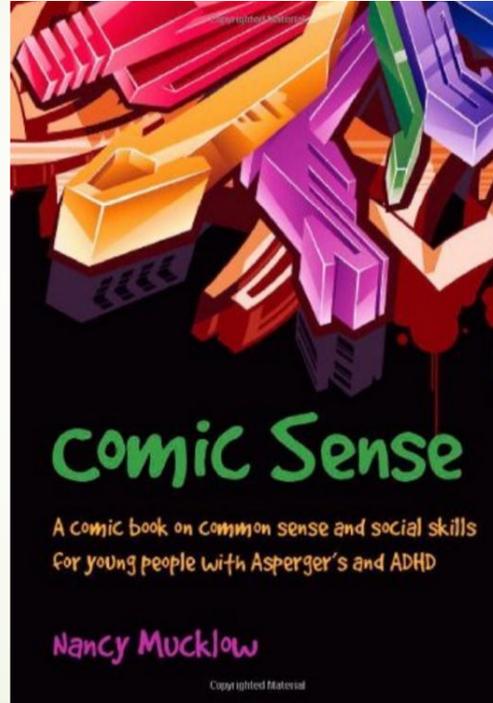
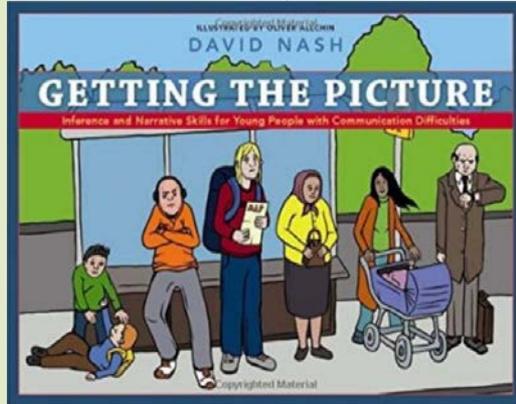
Evidence Based Practices for Working with Individuals with ASD and Commonly Co-occurring Psychiatric Disorders--Relational Approaches

- ▶ Developmental Relationship-Based Treatment (emerging evidence-base on National Autism Center, 2015, National Standards Project)
 - ▶ Relationship Development Intervention: (Gutstein & Sheely, 2002) (Gutstein S. , 2009)
 - ▶ Experience Sharing
- ▶ DIR/Floortime (unestablished evidence-base on National Autism Center, 2015, National Standards Project)

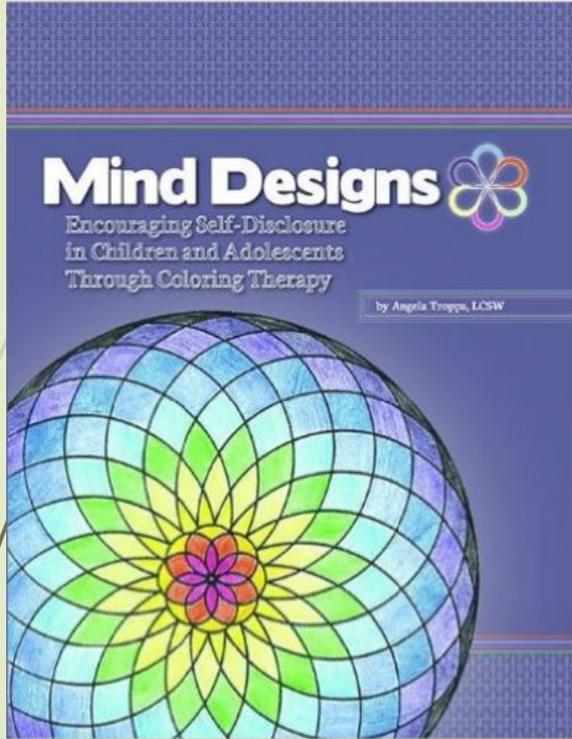
Additional Resources--Narratives



Additional Resources—Inference/Context



Additional Resources—Misc.



Additional Resources—Misc.

► Mind Designs Example

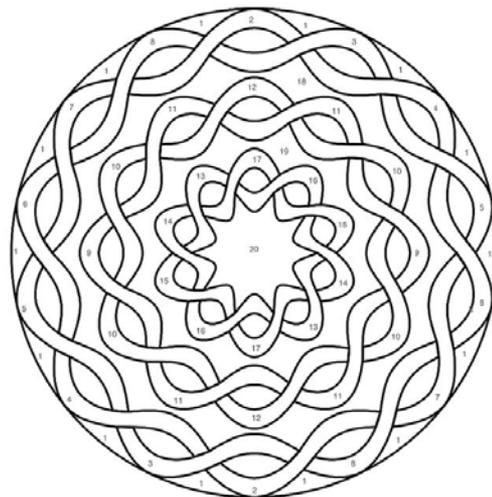
Making Healthy Choices

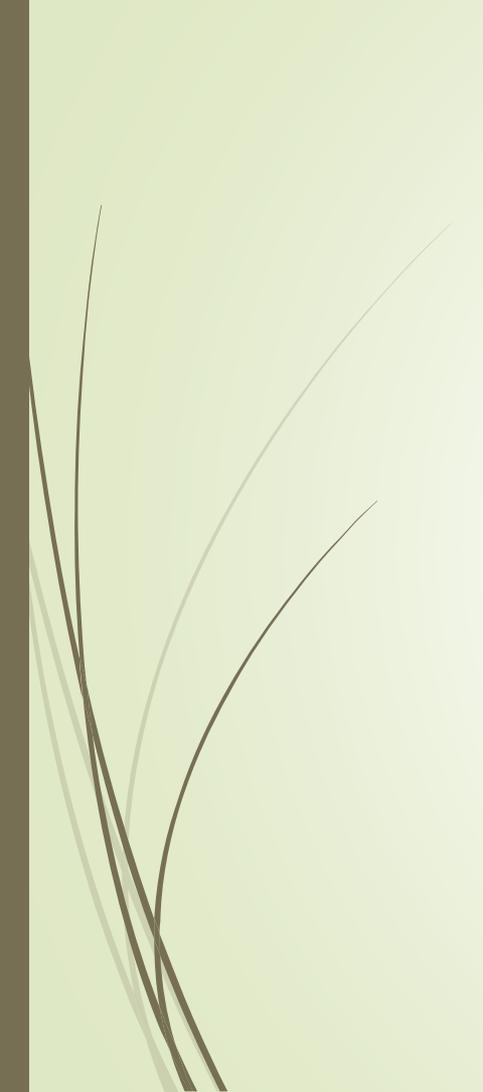
Directions: Read each item. Decide whether or not it is a healthy option that you wish to incorporate into your life. Ask yourself, "Is this how I want to make my life healthier?" Check the box underneath the best answer.

	Never	Maybe	Likely	Probably	Definitely
1. Practice Yoga, Tai Chi or other martial arts	<input type="checkbox"/>				
2. Consume healthy foods and non-sugary drinks	<input type="checkbox"/>				
3. Take a walk	<input type="checkbox"/>				
4. Keep a journal	<input type="checkbox"/>				
5. Exercise during commercial breaks	<input type="checkbox"/>				
6. Ride a bike	<input type="checkbox"/>				
7. Do puzzles, crosswords, or Sudoku	<input type="checkbox"/>				
8. Dance to my favorite music	<input type="checkbox"/>				
9. Read a book or magazine	<input type="checkbox"/>				
10. Play an interactive game (ex. Wii Fit)	<input type="checkbox"/>				
11. Do stretches or Pilates	<input type="checkbox"/>				
12. Join the YMCA or other health club	<input type="checkbox"/>				
13. Swim	<input type="checkbox"/>				
14. Meditate	<input type="checkbox"/>				
15. Participate on a sports team	<input type="checkbox"/>				
16. Sew, make jewelry, or other craft	<input type="checkbox"/>				
17. Talk to friends or family	<input type="checkbox"/>				
18. Go to the mall	<input type="checkbox"/>				
19. Draw, paint, or create other art work	<input type="checkbox"/>				
20. Other: _____	<input type="checkbox"/>				

Blue Green Yellow Orange Red

*Color of choice





Questions and Answers