

Integrating Autism and Mental Health Interventions with Behavioral Strategies

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Introductions

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Monarch Model

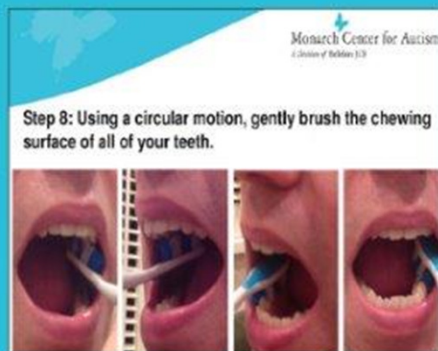
- Monarch Center started in 2000 with 11 students.
- Partnered with Dr. Shane and colleagues from Boston's Children's Hospital in 2003.
- Teaching is always concept rather than skill based
- Capitalizes on strong visual processing skills to enhance communication (i.e. Visual Language Programming). Consider ourselves a Visual Immersion Program (VIP).
- Works to develop a language system that assists a student in achieving his/her maximum potential as a learner and a member of the community.

Visual Instruction Mode (VIM)

Visual Instruction Mode (VIM)

VISUAL INSTRUCTION MODE (VIM) USES VISUALS TO ADAPT INSTRUCTION SO IT IS PRESENTED VISUALLY. VISUAL SUPPORTS INCLUDE, BUT ARE NOT LIMITED TO:

- Activity Story (Social Story)
- Video Model
- Picture Grid
- Visual Chart
- Matching Game / Matching Board
- Sorting Game
- Static Images
- Dynamic Scene Cues
- Element Cues



Visual Organization Mode (VOM)

Visual Organization Mode (VOM)

VISUAL ORGANIZATION MODE (VOM) USES VISUALS TO ORGANIZE ACTIVITIES AND DAILY SCHEDULES. VISUAL SUPPORTS INCLUDE, BUT ARE NOT LIMITED TO:

- Visual Schedule (Daily, Calendar, Activity)
- Checklist of Activities (step-by-step list)
- First/Next/Then Display
- Countdown Board
- Ratings Scale / Color-Coded Scale
- Guide
- List
- Visual Images




Visual Expression Modes (VEM)

Monarch Center for Autism
A Division of Bellefairs JCB

Visual Expression Mode (VEM)

VISUAL EXPRESSION MODE (VEM) USES VISUALS TO FACILITATE EXPRESSIVE COMMUNICATION. VISUAL SUPPORTS INCLUDE, BUT ARE NOT LIMITED TO:

- Topic Displays (Traditional AAC Grid Display)
- Language Board
- Matching Game / Sorting Game
- Conversation Prompts
- Communication Form
- Feelings Log
- Pain & Illness Display
- Visual Scene Display
- Visual Images
- Static Scene Cues
- Dynamic Scene Cues
- Element Cues



The image shows three examples of Visual Expression Mode (VEM) supports. The first is a 'Topic Display Board - Requesting Activities in the Bedroom' with columns for 'Who', 'Action', 'What', 'When', and 'Where'. The second is 'Mealtime Conversation Prompts' with sections for 'Greetings', 'Conversations', and 'What are you doing this weekend?'. The third is a 'Visual Scene Display - Visiting the Grocery Store' showing a grocery store aisle with a 'Click Here' button.

Evidence-Based Practices

- **Behavioral Interventions**
- Cognitive Behavioral Intervention Package
- Comprehensive Behavioral Treatment for Young Children
- Language Training
- **Modeling**
- **Natural Teaching Strategies**
- Parent Training
- Peer Training Package
- Pivotal Response Training
- **Schedules**
- Scripting
- Self-Management
- Social Skills Package
- **Story-based Intervention**

National Autism Center (2015). *Findings and Conclusion: National standards project, phase 2*. Randolph, MA: National Autism Center.

Download the full report at <http://www.nationalautismcenter.org/national-standards-project/>

Prevalence of an ASD with Co-Morbid Mental Health Conditions

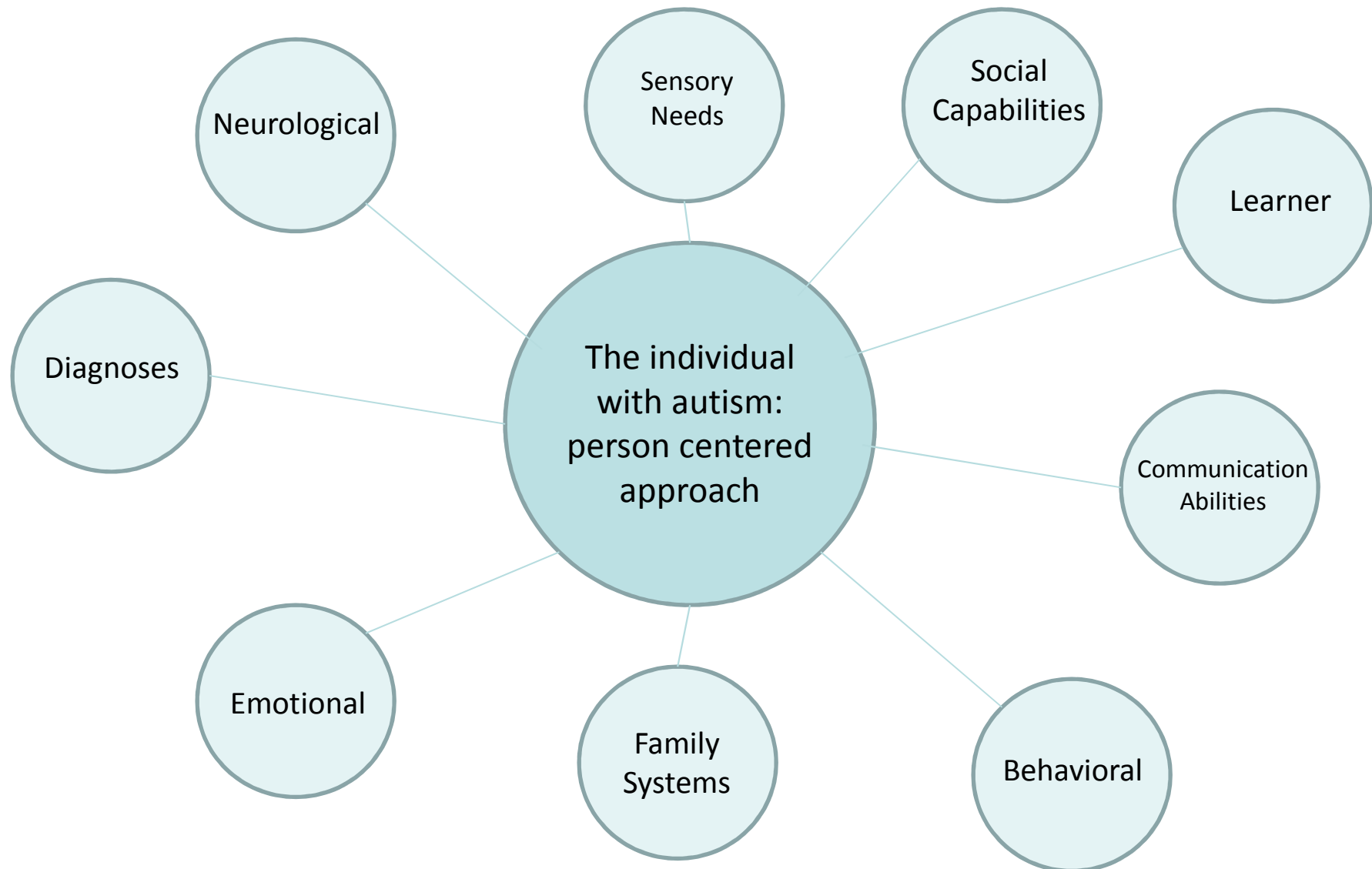
Autism Spectrum Disorder has the highest comorbidity of mental health disorders and occurs more often in children and adolescents than adults (Leppicello, 2015).

Recent studies have suggested that nearly 3 out of 4 individuals with Autism Spectrum Disorder meet criteria for another mental health disorder.

Psychiatric disorders, like ASD and Autism, are thought to develop as early as birth and early childhood; like other psychiatric disorders that develop later in life; in adolescence for example.



Assessment of the individual...



Common Co-Occurring Conditions

ADHD
Hyperactivity
Inattentive
Impulsivity
Disorganized
Lack of focus
Forgetful
Fidget and squirm

Mood
Mood swings/instability
Irritability
Aggression
Irregular sleep patterns
Appetite changes
Hypersensitivity
Elevated mood
Oppositional behavior

Oppositional Defiant
Disorder
Angry
Irritable
Argumentative
Defiant behavior
Defies rules
Refuses to comply
Vindictive

Anxiety
Concentration
Isolation
Loss of enjoyment
Fatigue
Sleep Issues
Sadness
Worry

OCD
Repetitive behaviors
Rituals
Obsessive thoughts
Compulsive behaviors
Need for control
Inflexibility
Inability to manage change

Symptomology

- Symptoms may look different in individuals with ASD than they do in typically developing individuals and therefore can make it difficult to accurately evaluate at times.
- The traits of Autism often overlap with symptoms of other disorders due to:
 - Communication Impairments
 - Cognitive Functioning
 - Interfering Behaviors
 - Difficulty interpreting social situations

So what's the difference?

- These are the most similar looking presentations. ADHD symptoms can often become present when a child enters their primary school years.
- You need to first evaluate them for Autism.
 - Look at the specific criteria.
 - It's important to consider all aspects of a child's developmental functioning. This includes language, social skills, attention, behavior, mood, academic skills, social skills, play skills and motor skills.
- Kids under stress, due to [learning disabilities](#), [anxiety](#), [depression](#), or [sensory integration problems](#), may exhibit the same symptoms. It takes a skillful evaluation to tease out explanations for the behaviors.
- The way the child responds to medication.

Autism and ADHD: Overlapping Features

Behavior	Is more like ASD	Could be either ASD or ADHD	Is more like ADHD
Videogames	Repetitive or asocial quality to play (circumscribed interest)	Can play videogames for hours; seems “obsessed”	Thrives on constant feedback video games provide (high stimulation)
Always moving	Rhythmic or stereotyped quality (pacing or flapping hands) which takes attention away from task at hand	Always on the go, can’t sit still, fidgety	Being active helps engagement (standing at desk while working, likes to be physically engaged)
Friendships	Stiff in interactions, doesn’t seem very interested in peers	Makes friends but can’t keep them	Seeks peers who engage in impulsive or risky activities

Autism and Mood: Overlapping Features

Behavior	Is more like ASD	Could be either ASD or Mood	Is more like Mood
Tolerance	Intense frustration with changes in schedule or expectation	Persistently irritable (baseline is high)	Periods of increased irritability; elevated energy levels far past the norm
Socialization	Not interested in peers; stiff in interactions; communicates off of a script	Struggles to engage in meaningful interactions; identifies that relationships require far more energy than a typical peer	May have periods of time where they build relationships but then lose interest or lose friends based on behaviors
Interests	Specific, limited	Limited but has some preferred activities	Loses interest in activities after having enjoyed them for a period of time

Autism and Oppositional Defiant Disorder: Overlapping Features

Behavior	Is more like ASD	Could be either ASD or ODD	Is more like ODD
Routines and Rituals	Grasping for control.	Need rules, structure, and routines in life.	Rebels against rules but also needs them to be extreme.
Socialization	Difficulty with social skills and connecting with others.	Hard time making and sustaining friendships.	Impulsively acting out so often that it compromises their ability to get along with others.
Protesting	Attempts at communication. Desire for independence.	Demonstrates interfering behaviors.	Defiance towards authority figures (vindictive).

Autism and Anxiety Disorders: Overlapping Features

Behavior	Is more like ASD	Could be either ASD or Anxiety	Is more like Anxiety
Routines and Rituals	Paces lunchroom after eating unless redirected; walks perimeter of playground at recess	Eats the same meal and sits at the same table every day for lunch.	Seems under pressure to do routines in a certain way
Repetitive Language	Anticipating a transition or a novel event	Asks same question over and over again	Looking for reassurance (OCD theme)
Lines up objects	Repetitive method of play	Orders by size, shape, or color; distress if disrupted	Under pressure to keep things “just so”

Common Taboos

Giving a diagnosis means giving a label.

Helps us sift through behaviors.

Medications can fix the problem.

Some say only 10%.

This is separate from their autism.

ASD, it's common for all three terms (psychiatric disorder, neurodevelopmental disorder, and mental health disorder) to be used interchangeably.

Everyone needs a therapist

(how about a consultant?)

Integrating Behavioral Strategies with Interventions for Children with Co-Morbid Mental Health Diagnoses

- Understand your student
 - Understand the diagnosis
 - Understand the behavior



Understand your student

- What makes your student happy?
- What frustrates your student?
- What makes him or her comfortable? Uncomfortable?
- What are your student's learning styles?

- Change the environment to avoid stressors
 - Teach coping skills for when stressors can't be avoided
- Pair preferences with teaching
- Help student to regulate or self-regulate



Understand the Diagnosis

- Know the teaching tips and recommendations
- Understand the challenges your student may be facing
 - Provide supports for these challenges imbedded in the behavior plan
- Know the risks with behavioral interventions
 - Extinction bursts and increases in additional behaviors
 - Emotional responses to consequences

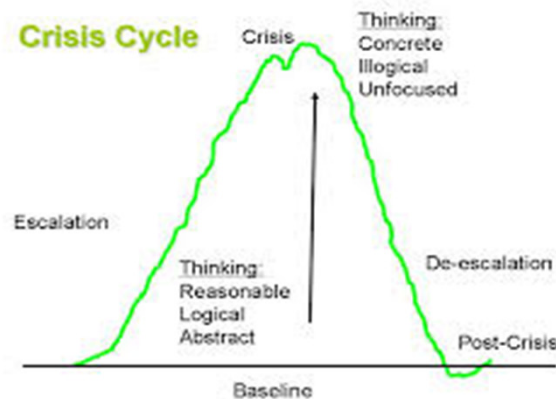


Understand the behavior

- Functional Behavior Assessment (FBA)
 - ABC data analysis
 - Scatterplot of when behaviors occur
 - Conditional probability for antecedents and consequences
 - Motivational Assessment scale (MAS)
 - Functional Analysis Screening Tool (FAST)
 - Systematic Observations
 - Interview parents and staff
 - Functional Assessment Interview (FAI) for Teachers and Parents

Take this information to:

- Alter antecedent conditions to reduce the behavior
- Based on the function, alter the reinforcement
 - Reinforce alternative behavior already existing in the student's repertoire
 - Lower or stop reinforcement for current behavior
 - Teach a new behavior and reinforce continuously until mastered
 - Consult with counselor before selecting replacement behavior
 - Make sure it is conducive with what is being addressed



- Prepare a de-escalation behavior plan
 - Understand when the teachable moment ends

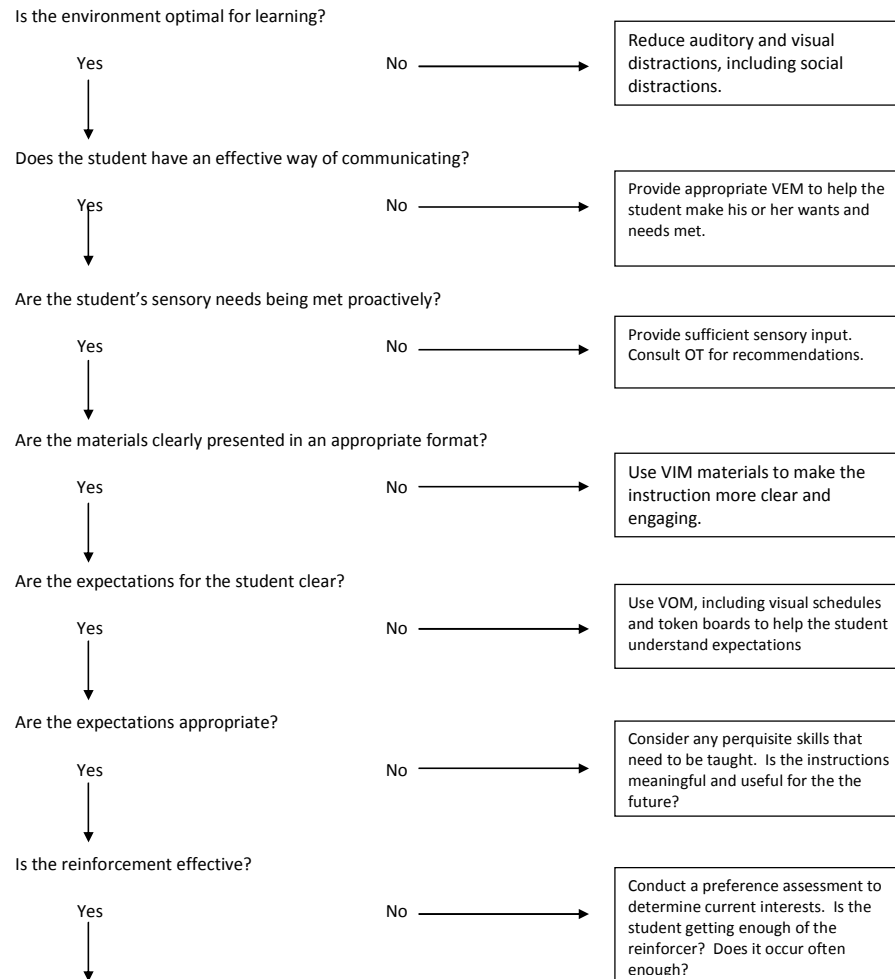
Where to Turn for Guidance

- Counselor or School Psychologist to address mental health needs
- Behavior Specialist
 - Ideally Board Certified Behavior Analyst, though not a requirement in schools
 - www.BACB.com
- Formal training in conducting Functional Behavior Assessments and developing Behavior Intervention Plans a must



Challenging Behavior Flow Chart

Correct each "no" using strategies in the box to the right. When the answer is yes, move on to the next question. Refer to the Monarch Model or see team and department supervisors for assistance as needed.



If all of the above answers are "yes," consult your behavior specialist for assistance. Complete ABC data on all disruptive behaviors and document changes to the student's environment and programming made to address behaviors in a classroom intervention plan.

ADHD

Setting up the classroom...

Clear rules posted in room.

Desk set up/spacing.

Privacy/dividers for less distractions.

Placement of teacher.

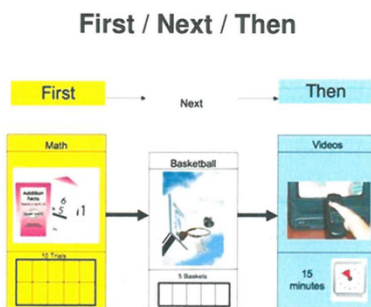
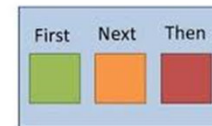
Notice visual/auditory distractions.

Morning versus afternoon.








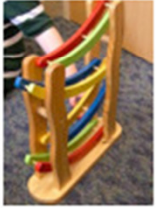






Managing ADHD in the classroom...

- Make sure you are providing directions in a way that the individual learner understands (visually, written, expressively, video model).
- Movement opportunities built in.
- Schedules....



Organizing their day....

Event	Where	Who	What	How long/ How many	Reward
Visiting Meghan 	Children's Hospital 	Meghan  Me  Mom  Dad and Brynn 	Drum  Car Track  Computer 	1 hour  and 30 minutes 	Playing my keyboard 

How to assist with mood difficulties...

1. Does your student have an effective way to communicate what they need?
2. Does your student know what different moods look and feel like?

Bob's safety ZONE SYSTEM

Example

	Looks Like	Feels Like	I Can Try to
5	Kicking or hitting	My head will explode	Call my mom to go home
4	Screaming or hitting	Nervous	Go see Mr. Peterson
3	Quiet, rude talk	Bad mood, grumpy	Stay away from kids
2	Regular kid	Good	Enjoy it
1	Playing	A million bucks	Stay that way

Green zone	Yellow zone (warning zone) *restarts next shift	Red zone (high risk zone) *restarts 24 hours
<p>Things to do for fun on level <u>green</u>:</p> <ul style="list-style-type: none"> Go on YouTube for 30 minutes once your entire schedule is completed for the shift and for 10 tokens (30 minutes per shift). <ul style="list-style-type: none"> Play basketball. Go out in the community. Use your cell phone when appropriate. Listen to music in your room. 	<p>Things to do for fun on level <u>yellow</u>:</p> <ul style="list-style-type: none"> Listen to the radio. Play basketball. Staff's discretion about safety in the community. Use your cell phone (when appropriate). 	<p>Things to do for fun on level <u>red</u>:</p> <ul style="list-style-type: none"> Listen to the radio. Use your phone (when appropriate) Play basketball. No community for 24 hours.
<p>When I'm on level <u>green</u> I am:</p> <ul style="list-style-type: none"> Being safe with my body, my thoughts, and my words. <ul style="list-style-type: none"> Completing my schedule. Being kind to staff and peers. Talking to staff when I am feeling upset or concerned about my thoughts. 	<p>When I'm on level <u>yellow</u> I am:</p> <ul style="list-style-type: none"> I'm being unsafe. I'm talking about <i>acting</i> violent. I'm threatening to hurt someone. <p>(I am NOT in trouble...this is only about safety)</p>	<p>When I'm on level <u>red</u> I am:</p> <ul style="list-style-type: none"> I am not being safe (restraint). I have put my hands on someone.
<ul style="list-style-type: none"> I am doing everything that is asked of me and I am following all of the rules. 	<ul style="list-style-type: none"> Staff will keep a close eye on me. I am not in trouble and I should tell staff how I am feeling. I should write it down. <ul style="list-style-type: none"> I may be having a hard time. I should not be listening to music that upsets me or gets me too excited. 	<ul style="list-style-type: none"> Staff will need to monitor me. I should not be listening to music that upsets me or gets me too excited.
<ul style="list-style-type: none"> I don't need to do anything different, just communicate my needs to staff. 	<ul style="list-style-type: none"> I should be talking to staff about what is bothering me and write it down on one of my sheets with the scale. I should be using feeling words rather than talking about hurting someone. 	<ul style="list-style-type: none"> I should be using my sheets and following directions of staff for safety. I may be on restrictions due to unsafe behaviors.

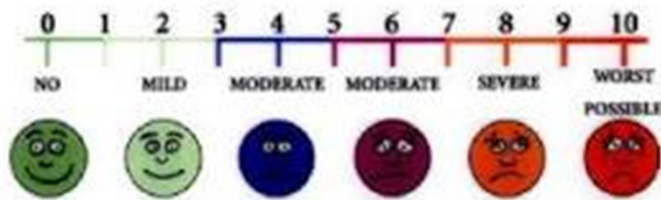
* Neutral

* Warning

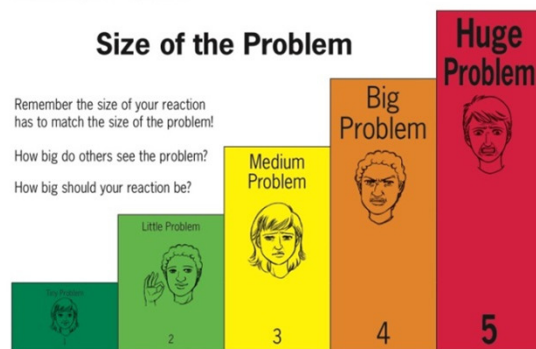
* High Risk

The Zones of Regulation

Does your student know how to regulate their emotions and behaviors?



The ZONES of Regulation® Reproducible W



Visual adapted by Leah Kappers, Donna Brittain and Jill Kuzma for The Zones of Regulation® from the original work of Winner's, Think Social! (2005), pages 44-45, www.socialthinking.com, and Burton and Curtis' The Incredible 5-Point Scale (2003), www.sportscale.com

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The ZONES of Regulation®

BLUE ZONE Sad Sick Tired Bored Moving Slowly	GREEN ZONE Happy Calm Feeling Okay Focused Ready to Learn	YELLOW ZONE Frustrated Worried Silly/Wiggly Excited Loss of Some Control	RED ZONE Mad/Angry Terrified Yelling/Hitting Elated Out of Control

Helping teachers and other professionals know when a student is in the “learning zone.”

What to do with the more challenging student... (but really could be good for all kids)

Ask yourself *if* they can and do they have the skills in order to do so?

- * avoid power struggles
- * create a contract
- * build in positive behaviors
- * offer rewards
- * make things very clear
- * allow the student to have a say
- * offer acceptable choices
- * avoid NO when appropriate

"Kids want to do
well, and are
lacking the skills
to get there."

- Casey O'Riarty

www.joyfulcourage.com/blog

Expected versus Unexpected

The unwritten rules of life.


Preparing for daily challenges.

How to prepare for changes.



EXPECTED Behaviors

Things people do or say that make other people feel calm, happy, and pleased.

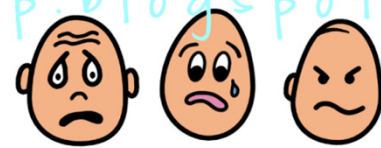


When people feel good they...

- Want to hang out with me.
- Like me.
- Want to keep talking to me.
- Give me things.
- Want to help me.
- Take me places.
- Trust me.
- Want to be my friend.
- Think I'm cool.

UNEXPECTED Behaviors

Things people do or say that make other people feel stressed, upset, uncomfortable or weird.



When people feel unhappy they...

- Don't want to hang out with me.
- Might not like me.
- Don't want to keep talking to me.
- Take things away.
- Don't want to help me.
- Don't bring me to cool places.
- Don't trust me.
- Don't want to be my friend.
- Don't think I'm cool.

How to manage anxieties in the classroom...

Really understanding your student!

Prevention -

How can I anticipate when something will be different day to day in my classroom?



Do your students know how long each session is going to last? Do they comprehend time?

Does your student know when they will be done with the task that you are asking them to complete?



Do they feel they have adequate reinforcement and the appropriate coping mechanisms in place for dealing with their anxieties in the classroom?

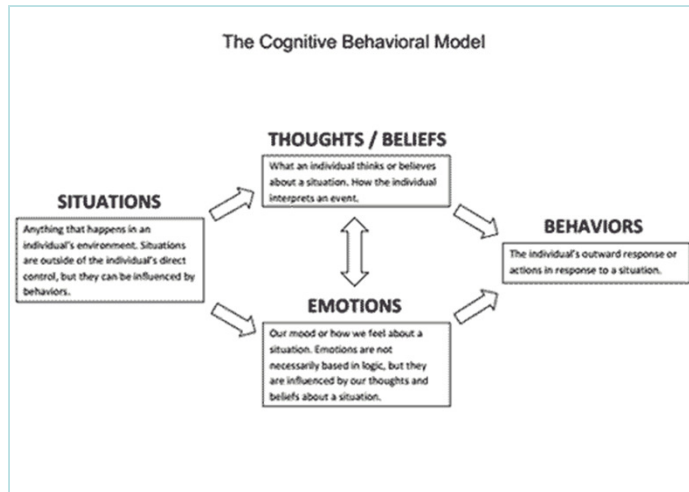
Meeting them half way...

- “He used to be able to do it.”
- “She did it last week.”
- “One step forward, two steps back.”

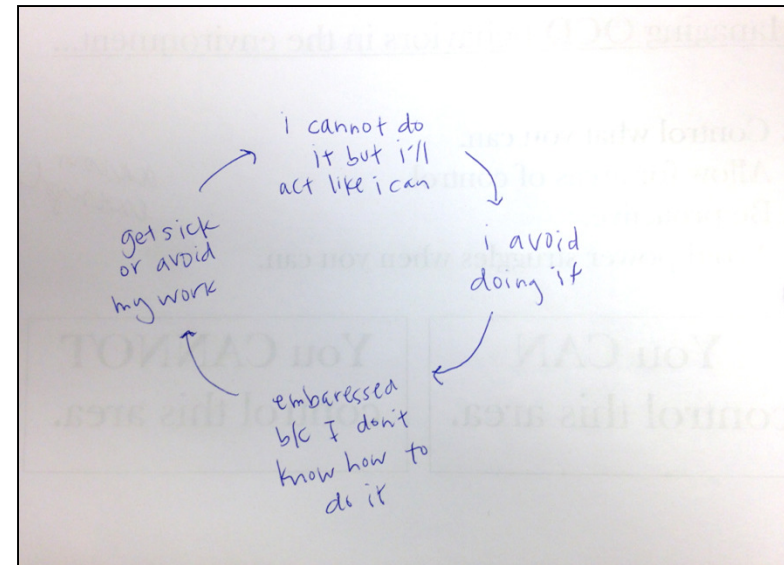


Anxiety

Teachable Strategies -



Creating appropriate times and places for work on their anxiety.



Subjective Units of Distress Scales (SUDS)

0	1	2	3	4	5	6	7	8	9	10
Zero: Complete relaxation Deep sleep, no distress at all.	One: Awake but Very relaxed; dosing off. Your mind wanders and drifts, similar to what you might feel just prior to falling asleep.	Two: .A little bit upset, but not Noticeable unless you took care to pay attention to your feelings and then realize, "yes" there is something both erin g me.	Three: Mildly upset. Wor ried, both ered to the poin t that you noti ce it.	Four: Mild distress such as mild feelings of bodi ly tens ion, mild worr y, mild fear, or mild anxi ety. Som ewh at unpl eas ant but .	Five: Moderately ups et, unc omf orta ble. Unp leas ant feeli ngs are still man age able with som e effo rt.	Six: Moderate distress. Very Unpleasant feelings of fear, anxiety, anger, worry, apprehension and/or bodily tension such as a headache or upset stomach.	Seven: Starting to freak out, on the edge of some definitely bad feelings. You can maintain control with difficulty	Eight: High distress. High levels of fear anxiety, worry, and/or bodily tens ion. The se feeli ngs can not be toler ated very long . Think ing and pro .	Nine: Feeling extremely freaked out to the point that it almost feels Unbearable and you are getting scared of what you might do. Feeling very, very bad, losing control of your emotions.	Ten: Feels Unbearably bad, beside yourself, out of control as in a nervous breakdown, overwhelmed, at the end of your rope. You may feel so upset that you don't want to talk because you can't imagine how anyone could possibly Understand your agitation.
Zero	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten
No coping skills necessary	No coping skills necessary	Feel a sheet of crumpled up paper. Rip paper. Write or draw.	Watch or read comedy. Talk to a peer. Rip paper. Write or draw. Magic tricks.	Rip paper. Watch or read comedy. Magic tricks. Clean.	Write or draw. Clean. Write or read comedy. Talk to an adult.	Write or read comedy. Talk to a peer or an adult.. Origami. Computer (if it's available to you).	Talk with a trusted adult. Origami. Write what you're feeling down and rip it up.	Color mandalas. Magic tricks. Reading (history or mark twain).	Exercise. Write poetry. Deep breaths. Scale drawing. Gym.	Phone call. Projects. Listen to music. Deep breathing. Shower.

Taking it a step further...

Name:		Date:		
1 Calm	2 Calm and collected	3 Getting there	4 So close to being there	5 Furious
1 Go about my day	2 Ignore if I need.	3 Talk with a trusted staff. Step away from the information at hand (room, gym, off unit if it's an option).	4 Go to room. Go to gym. Go off unit if an option. Read the Bible. Pray.	5 Read the Bible. Pray. Isolate myself from others. Talk to roommate. Talk to trust staff. Journal my thoughts for next therapy session.

I am currently **feeling** _____.

I am at a number # _____ on my scale.

What should I do to manage this feeling?
Circle a coping skill:

1. Step away from the situation.
2. Take a walk around the building.
3. Take deep breaths.
4. Pray
5. Talk to a staff
6. Draw
7. Journal

Is this an appropriate coping skill to use at this time?
If **YES**, proceed.
If **NO**, pick an alternative solution.

Did this help me?
If **YES**, continue on with programming.
If **NO**, use another skill.



Take them everywhere...

OCD in the classroom

- Know what your student is dealing with.
- Respond appropriately.
- Allow for accommodations.
- Stay consistent.

MANAGING
STUDENTS
WITH
>>>>
>>>> OCD

FROM TAMI MORRISON



Managing OCD behaviors in the environment...

1. Control what you can.
 Avoid power struggles.
2. Allow for areas of control.
 Create a safe environment.
3. Allow breaks to reduce anxiety.



Resources

- <https://www.autismspeaks.org/blog/2014/05/22/there-connection-between-autism-and-bipolar-disorder>
- <http://www.therapistaid.com/>
- <http://autismnow.org>
- <http://autismnow.org/in-the-classroom/>
- <http://www.socialthinking.com>
- <http://www.5pointscale.com/>
- <http://www.zonesofregulation.com/>
- <http://www.autismspeaks.com>
- www.nasponline.org/resources/handouts/05-1_S805_ADHD_Classroom_Interventions.pdf
- <http://at-ease.dva.gov.au/professionals/files/2012/12/SUDS.pdf>
- <http://www.cigna.com/assets/docs/behavioral-health-series/autism/2012/autismSpectrumDisordersAndComorbidConditions.pdf>
- www.bellefairejcb.org
- www.monarchcenterforautism.org

Monarch Center for Autism Services

- ❖ **Preschool**
- ❖ **Day School**
- ❖ **Transition Education Program**
- ❖ **Extended School Year Program**
- ❖ **Summer Social Language Leadership Program**
- ❖ **Boarding Academy**
- ❖ **Adult Autism Program**
- ❖ **Adult Autism Residence & Support Living Settings**
- ❖ **Free Webinar & e-newsletter Series**
- ❖ **Online Resource Center**

- ✦ **Web:** www.monarchcenterforautism.org
- ✦ **Telephone:** 216.320.8945 or 1-800-879-2522
- ✦ **Address:** 22001 Fairmount Boulevard, Shaker Heights, Ohio 44118
- ✦ **Join our e-newsletter mailing list:**
<http://www.monarchcenterforautism.org/contact-us/join-our-email-list>
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