Addressing Mental Health in Autism: Should We Treat the Person with ASD, the Family, or the Community?

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Overview

• Individual-contextual approach to mental health problems

• Considering the transdiagnostic processes

• The individual as the target

• The family as target

• The community as target
Mental health problems in youth with ASD

- 4-5x greater than youth in the general population (Totsika et al. 2011)

- 70% will meet criteria for at least one psychiatric disorder, and many meet criteria for multiple conditions (Simonoff et al., 2008)

- Overall rates may be inflated due to miscoding ASD symptoms, but the same pattern emerges (Mazefsky et al, 2012)
Mental health problems in youth with ASD

- Population based study of 5 to 16 year olds in the UK; M age = 10 years (SD = 3.0) (Totsika et al., 2011)
In Ontario administrative data

Young adults (18-24 years of age)

Dealing with multiple issues

• Transdiagnostic processes

  • Anxiety can be the tip of the iceberg

  • Depression and anxiety are correlated with externalizing issues (noncompliance, aggressive behaviour, and irritability)

  • Many psychiatric diagnoses at the same time
Associations among symptoms (Wood & Gadow, 2010)

Take a moment

- Think about a child you work with

<table>
<thead>
<tr>
<th>Domains</th>
<th>Biological</th>
<th>Psychological</th>
<th>Social-Relationship</th>
<th>Social-Environmental</th>
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<tbody>
<tr>
<td>Factors</td>
<td>Genetic, developmental, medical, toxicity, temperamental factors</td>
<td>Cognitive style, psychological conflicts, self-image, meaning, schema</td>
<td>Family, peers, others</td>
<td>Culture/ethnicity, social risk factors, systems issues</td>
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<td>Predisposing (vulnerabilities)</td>
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<td>Precipitating (stressors)</td>
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<td>Perpetuating (maintaining)</td>
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<td>Protective (strengths)</td>
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</tbody>
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Health is Developmental-Contextual

Figure 2. Determinants of Chronic Conditions and Special Health Care Needs Among Children [from Newacheck, Rising, & Kim, 2006 in Newacheck et al. (2008), p.348]
Mental health as an individual-contextual developmental process

Key ecological assets in school, family, and community:
- Positive people
- Physical and institutional resources
- Collective activity
- Positive opportunities

Key individual strengths (including intentional self-regulation):
- Academic
- Cognitive
- Social
- Physical
- Emotional

Positive Development:
- Competence
- Confidence
- Connections
- Character
- Caring

Contribution to:
- Self
- Family
- Community
- Civic society

Internalizing and externalizing problems (mental health problems)

Lerner et al., 2011
Mental health is not just about symptom alleviation

Thriving in Youth with Autism Spectrum and Intellectual Disability

Jonathan A. Weiss¹ · Priscilla Burnham Riosa¹

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Abstract Most research on mental health in individuals with autism spectrum disorder (ASD) and intellectual disability (ID) has focused on deficits. We examined individual (i.e., sociocommunicative skills, adaptive behavior, functional cognitive skills) and contextual (i.e., home, school, and community participation) correlates of thriving in 330 youth with ID and ASD compared to youth with ID only, 11–22 years of age ($M = 16.74$, $SD = 2.95$). Youth with ASD and ID were reported to thrive less than peers with ID only. Group differences in sociocommunicative ability and school participation mediated the relationship
We can work with the individual

- In any one domain, or in many, we can struggle
- It may also be our relative strength
Lots of manuals

Where’s the evidence?

- Overall effectiveness of CBT
  - Recent systematic review and meta analysis (Weston, Hodgekins & Langdon, 2016)
    - 48 studies met inclusion criteria
    - High risk of bias
    - 24 studies addressed affective problems
      - 17 were < 18 years
      - 15 group based
      - 19 targeted anxiety
      - 14 were RCTs
      - Small to medium effect sizes, when using informant report or clinician ratings
Weston et al., Figure 3 & 4, p. 47-48

Informant rated outcomes

Clinician rated outcomes

Anxiety

Other

Anxiety

Other
Where’s the evidence?

- CBT reduces symptoms of **anxiety**
  - Most between 8 – 15 years of age
  - Usually 14-16 sessions, but can go as high as 32
  - 50% to 70% show considerable improvement
  - **We know little in terms of long term maintenance**
  - Participants without ID

- Perhaps **anger** (Sofronoff, Attwood, Hinton, & Levin, 2007)

- Maybe emotion regulation, pilot... (Scarpa & Reyes, 2011; Thomson, Burnham Riosa & Weiss, 2016)

- **ABA to shape behaviour, including reducing maladaptive behaviour, evidence base throughout development** (Wong et al. 2013)
  - Focus on shaping individual behaviour, but also address contingencies with environment and antecedent strategies can involve altering the environment
CBT to focus on emotion regulation

S.I.: EMOTION REGULATION AND PSYCHIATRIC COMORBIDITY IN ASD


Kendra Thomson1,2 · Priscilla Burnham Riosa1 · Jonathan A. Weiss1

Treating Transdiagnostic Processes in ASD: Going Beyond Anxiety

Kate Sofronoff, Renae Beaumont and Jonathan A. Weiss

Chapter 12

Emotion Regulation in Autism Spectrum Disorder

Jonathan A. Weiss, Priscilla Burnham Riosa, Carla A. Mazefsky, & Renae Beaumont

Autism spectrum disorder

Autism spectrum disorder (ASD) is a pervasive neurodevelopmental disorder characterized by deficits in social communication, along with restricted, repetitive patterns of behavior, interests, or activities (American psychiatric association [APA], 2013). These symptoms must be present in the early developmental period, though may not become impairing until later in life. The changing nosology from DSM-IV to DSM-5 involved a considerable shift in the amalgamation of Pervasive Developmental Disorder subtypes into one diagnosis of ASD (Lord & Bishop, 2015). The focus on autism as a “spectrum” largely reflects the lack of reliability found in distinguishing past subtypes as empirically distinct (APA, 2013). However, the emphasis on core symptoms of social communication and repetitive behaviors remains consistent across diagnostic systems.
Where’s the evidence?

- Recent attention to mindfulness-based therapy (Cachia et al. 2016)
  - 6 studies identified: 3 pre-post design, 2 multiple baseline design, 1 employed an RCT

- Anxiety and thought problems in children (Hwang et al. 2015)
- Aggression, well-being and social responsiveness in teens (de Bruin et al. 2014; Singh et al. 2011a, b)
- Reduced anxiety, depression and rumination in adults (Kiep et al. 2015; Spek et al. 2013)

- We know little of the clinical utility
Where’s the evidence?

- Psychotropic medication use (Jobski, Hofer, Hoffman & Bachmann, 2016)
  - 47 studies
  - Some evidence for “ASD related irritability” children and teens, ADHD medication for ADHD symptoms in ASD
  - Evidence for anti-depressants is very limited

- Many reviews seem to suggest the need for far more work and some form of caution in use of medication to address mental health problems (Dove et al., 2012; McPheeters et al., 2011;
We can work with families
Positive families

*The strongest oak of the forest is not the one that is protected from the storm and hidden from the sun. It is the one that stands in the open, where it is compelled to struggle for its existence against the winds and rains.*

*Napoleon Hill*

- The health of the family interacts with the health of the individual
- Supporting caregivers before and after the onset of mental health problems is critical
- Parent factors that we know help:
  - Parent psychological resources: Empowerment, psychological acceptance, focused coping at the right time
  - Family respite, timed social support from the right people
  - Positive engagement with systems of care
Parent psychopathology as a correlate

• Maternal depression
• Stress
• Punitive parenting strategies
• Negative expressed emotion
  • Overinvolvement
  • Criticism
  • Warmth

• Two studies (Totsika et al. 2013; 2014) suggest that some parental variables are not bidirectional:
  • Early behaviour problems at 3 years did not lead to later problems in maternal well-being at 5 years
  • Maternal psychological distress, physical health problems, and lower life satisfactions at 3 years predicted later child behaviour problems at 5 years
Parental positive affect is a resiliency factor

Bullying Victimization, Parenting Stress, and Anxiety among Adolescents and Young Adults with Autism Spectrum Disorder

Jonathan A. Weiss, M. Catherine Cappadocia, Ami Tint, and Debra Pepler

Bullying victimization is commonly associated with anxiety disorders (ASD), and both bullying victimization and anxiety are general population. We explored individual and contextual factors in adults with ASD who also experience bullying victimization and anxiety in young adults diagnosed with ASD. Hierarchical multiple regression analyses were conducted to examine the relationship between bullying victimization and anxiety in a moderator of that relationship. Findings indicate that bullying victimization and anxiety. The severity of anxiety was higher in mothers of children with ASD who reported high levels of stress. Implications for understanding bullying victimization are discussed. *Autism Res* 2015, 00: 0

**Keywords:** bullying victimization; autism spectrum disorder; adolescence

Prevnet–How often was your child bullied in the last month of the school year?
Intervening with families

- MANY studies now of interventions to help parents
  - Acceptance and Commitment Therapy Workshops (Blackledge & Hayes, 2006)
  - Mindful Parenting (Singh et al., 2006)
  - Parent to parent
    - Mindfulness Based Stress Reduction (Dykens et al., 2014)
    - Positive Empowerment Supports (Dykens et al., 2014)
  - Parent training to work with kids through PRT (Minjarez et al., 2013)
MYMind: Parent-youth concurrent treatment

Youth

• awareness, self-control, distress tolerance

Parents

• impact of reactivity, attend to youth non-judgmentally, acceptance of youth and their own feelings about parenting
We can work with broader contexts

• Context matters greatly

Positive people
Social inclusion
Personal resources
Institutional resources
Collective activity
Positive opportunities
Positive places
Positive peers

• Peer relationships or supports
  • The challenge of inclusive education (Rotheram-Fuller, Kasari, Chamberlain & Locke, 2010)
    • Less likely to be accepted and fewer reciprocal friendships
    • More likely to be isolated or peripheral to social relationships, with increasing isolation with grade
  • “Promoting children with ASD’s skills in popular activities to share with peers in early childhood may be a key preventive intervention…”

• Social inclusion is the experience of belonging while participating in meaningful social activities
Positive peers

• Peer support: Photo-elicitation study of athletes in Special Olympics

“...Hanging out at practice”  
(Athlete)
Positive people

- Mentorship programs
  - SFU’s Autism Mentorship Program
  - York U’s Asperger Mentorship Program

Supporting students on the autism spectrum
student mentor guidelines

By Catriona Mowat, Anna Cooper and Lee Gilson
Local Scout with autism makes remarkable transformation

By Richard Jones

Staff Writer

HAMILTON — Graduating from Cub Scouts to Boy Scouts is an accomplishment for any young man.

But for Tyler Leak, his troop and his family, it will be a double-win when he makes the transition next month.

“When he first started,” his mother Christine Leak said, “he would just cling to my leg, so it’s amazing that he will now get up in front of people.”

“He wouldn’t show his face,” said Scout Leader Doug Trimmer, who has been with Tyler since the beginning at Pack 926, operating out of Grace United Methodist Church. “We would always hand out badges at Pack meetings every month, and the boys would come up to the front of the room and we’d give them...
Collective activity

• An example of building resilience: Special Olympics (Weiss, 2008; Weiss, Diamond, Demark & Lovald, 2003)

• Find a recreational activity to get involved with – computers/scouts/sport/comedy/volunteering
One example

Autism and Special Olympics
By Lisa Salom

I have a child with Autism that has participated for years in the Individual events offered by Special Olympics. He does not communicate well so it is always very hard to tell what he thinks about the sports he plays. Today we got a glimpse inside his mind when Michael decided to decorate. Apparently what he feels is Pride - because he just hung his school shirt on the wall along with the medals he has won. Now I am so proud. And happy! Sometimes it is so hard to make sure he can participate - it takes quite a lot of juggling to make the schedule work. This makes it all worthwhile. Thank you for all that you do!

Positive opportunities

- A major area of concern are opportunities following high school

- Lounds Taylor & Maillick Seltzer (2012)’s vocational index for adults with ASD

<table>
<thead>
<tr>
<th>Score</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>Employment in the community without supports greater than 10 h a week</td>
</tr>
<tr>
<td>9</td>
<td>Postsecondary, degree-seeking educational program greater than 10 h a week</td>
</tr>
<tr>
<td>8</td>
<td>Postsecondary, degree-seeking educational program or employment in the community without supports—total activities 10 h a week or less</td>
</tr>
<tr>
<td>7</td>
<td>Employed in the community with supports greater than 10 h a week. No time spent in sheltered settings.</td>
</tr>
<tr>
<td>6</td>
<td>Employed in the community with supports (no time spent in sheltered settings)—total activities 10 h a week or less</td>
</tr>
<tr>
<td>5</td>
<td>Sheltered vocational setting and supported community employment—total activities greater than 10 h a week</td>
</tr>
<tr>
<td>4</td>
<td>Sheltered vocational setting and volunteering in the community—total activities greater than 10 h a week</td>
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<tr>
<td>4</td>
<td>Sheltered vocational setting (workshop or day activity center) with no community employment/volunteering—greater than 10 h a week.</td>
</tr>
<tr>
<td>3</td>
<td>Sheltered vocational setting—total activities 10 h a week or less</td>
</tr>
<tr>
<td>2</td>
<td>Volunteering with no other activities or postsecondary non-degree seeking education with no other activities</td>
</tr>
<tr>
<td>1</td>
<td>No vocational/educational activities</td>
</tr>
</tbody>
</table>

SAIT cooks up job opportunities for students with autism

JAMIE KOMARNICKI, CALGARY HERALD  08.12.2014 |

With a practiced hand, Colin Bradford chops bunches of cilantro into tidy little piles.

http://bcove.me/0y5opj7c
The Right Fit

For the Virginia study, a control group of high-school seniors with autism remained in their regular schools, receiving their usual individualized education programs, while a treatment group spent the year in an intensive, custom-designed study and job-training program at a suburban hospital. The two hospitals participating in the study were Bon Secours St. Mary’s Hospital in Henrico County, Va., and Bon Secours St. Francis Hospital in Midlothian, Va.
So where do we go?

- Individual
- Family
- Environment
- Society
Thank you! Questions?

- The Chair in Autism Spectrum Disorders Treatment and Care Research is funded by the Canadian Institutes of Health Research in partnership with Autism Speaks Canada, the Canadian Autism Spectrum Disorders Alliance, Health Canada, NeuroDevNet and the Sinneave Family Foundation.
Thank you!

Questions?

http://asdmentalhealth.blog.yorku.ca/
http://www.tedxyorkusalon.org

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