

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

Jonathan A. Weiss, Ph.D., C.Psych.

April 2017



ASD
Mental Health

Overview

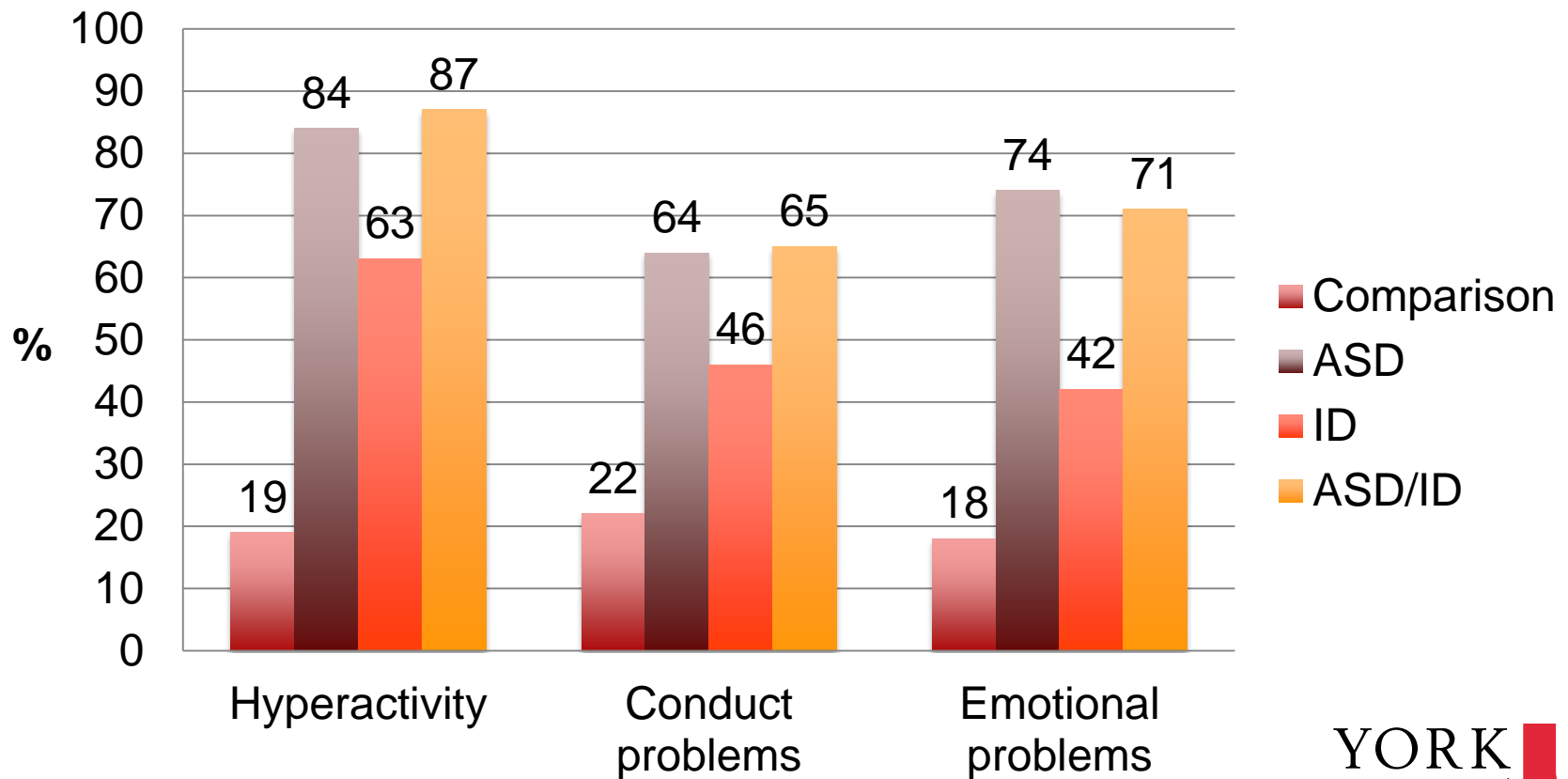
- Individual-contextual approach to mental health problems
- Considering the transdiagnostic processes
- The individual as the target
- The family as target
- The community as target

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)

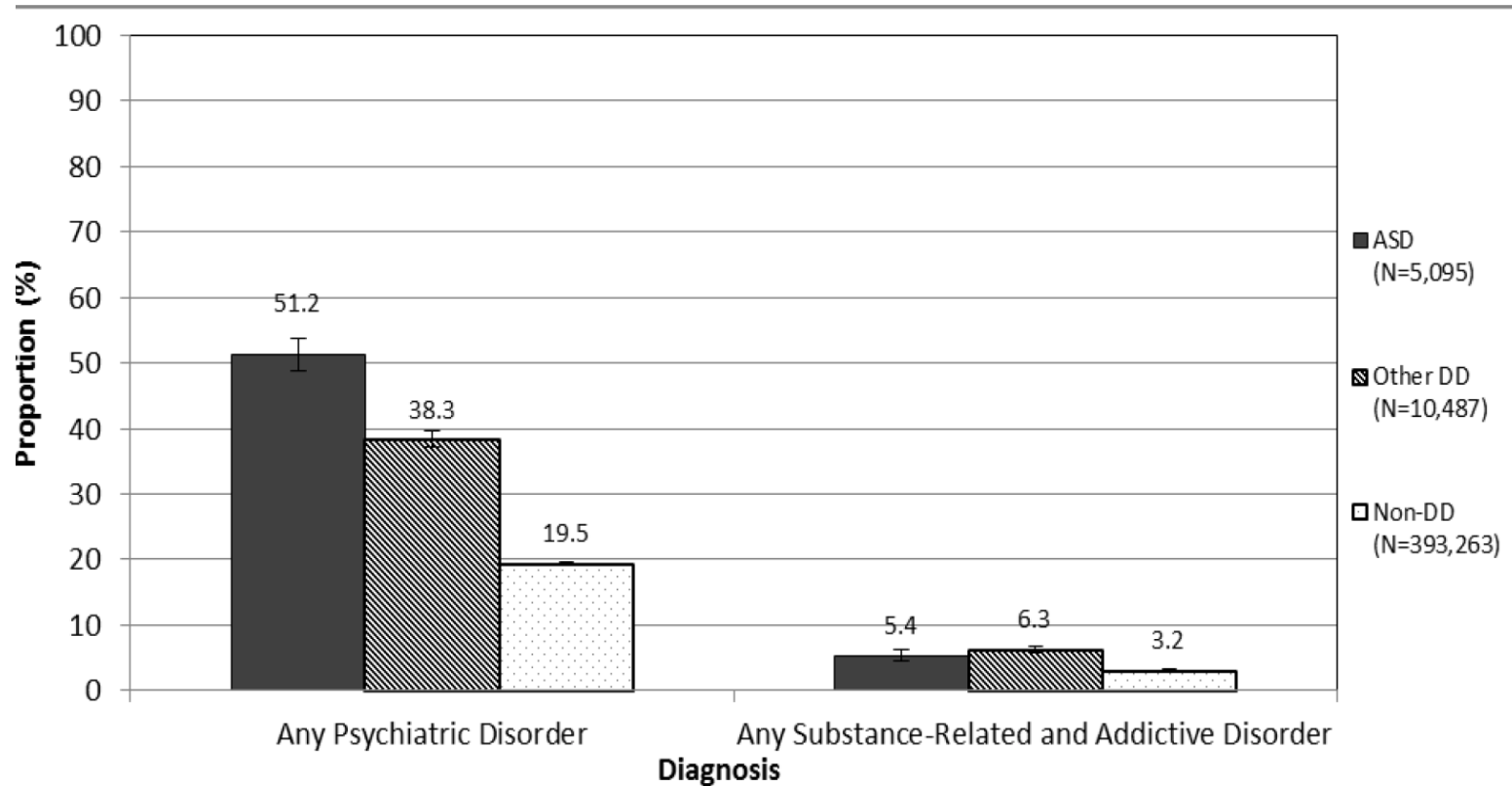
Mental health problems in youth with ASD

- 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)



McGarry, C. et al. (2014). Young adults with autism spectrum disorder: Health profiles and service utilization Healthcare Access in Developmental Disabilities Applied Health Research Question. Prepared for the Ministry of Child and Youth Services.

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

CLINICAL PSYCHOLOGY SCIENCE AND PRACTICE

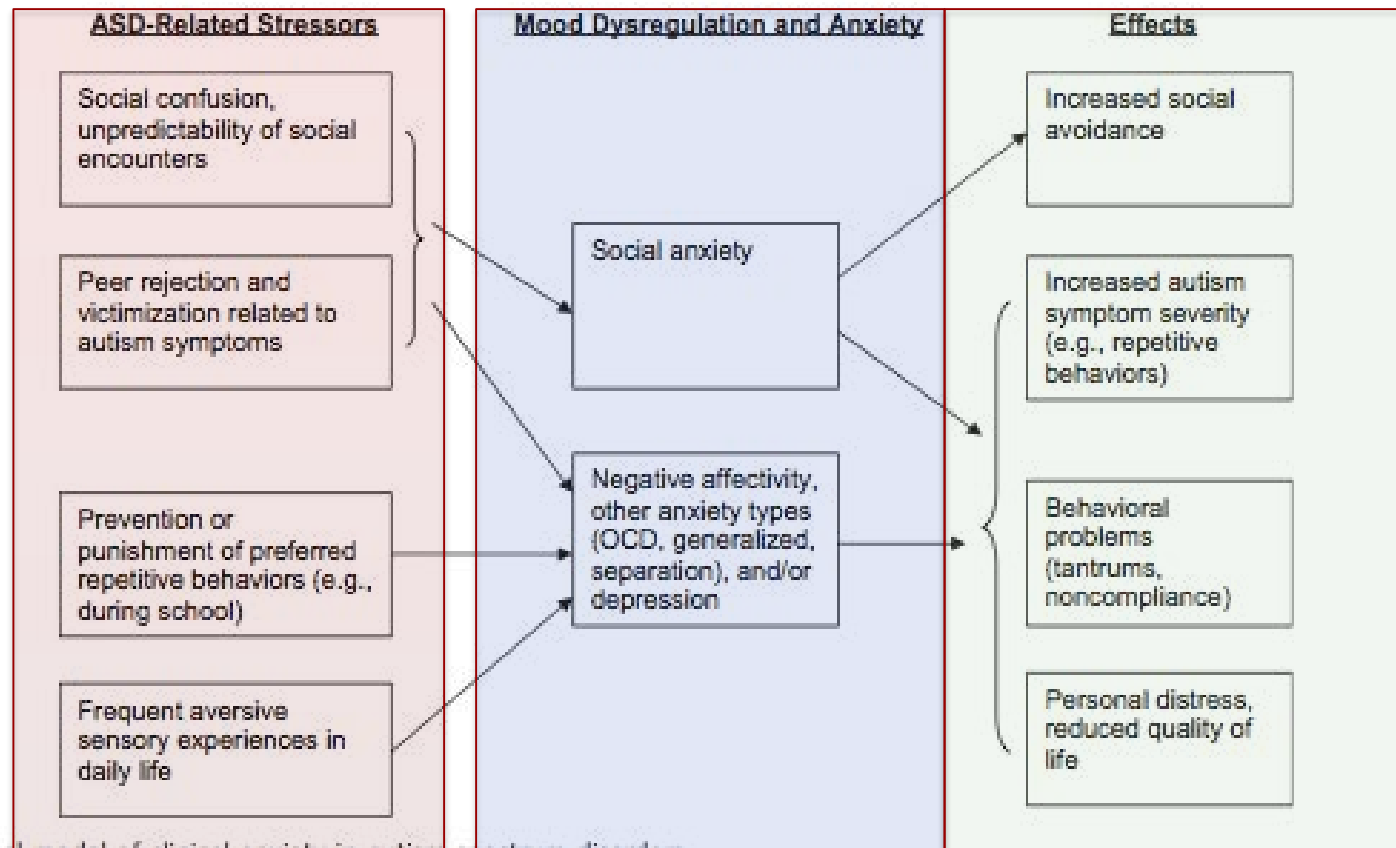
Transdiagnostic Case Conceptualization of Emotional Problems in Youth with ASD: An Emotion Regulation Approach

Jonathan A. Weiss, York University

Youth with autism spectrum disorder often struggle to cope with co-occurring anxiety, depression, or anger, and having both internalizing and externalizing symptoms is a common clinical presentation. A number of authors have designed cognitive-behavioral interventions to address transdiagnostic factors related to multiple emotional problems, although none have applied this focus to youth with ASD. The current review article

review, I view emotional and behavioral problems as symptoms that lead to significant impairment above the individual's baseline level of impairment related to his or her symptoms of ASD (i.e., above the impairment associated with the core social, communication, and repetitive features of ASD; as in Leyfer et al., 2006). Distinguishing core symptoms of ASD from comorbid internalizing and externalizing symptoms is particularly challenging, and a number of authors suggest that while

Associations among symptoms (Wood & Gadow, 2010)



In Wood, J., & Gadow, K. (2010). Clinical Psychology: Science and Practice, 14, 281-291.

Take a moment

- Think about a child you work with

Domains	Biological	Psychological	Social-Relationship	Social-Environmental
Factors	Genetic, developmental, medical, toxicity, temperamental factors	Cognitive style, psychological conflicts, self-image, meaning, schema	Family, peers, others	Culture/ethnicity, social risk factors, systems issues
Predisposing (vulnerabilities)				
Precipitating (stressors)				
Perpetuating (maintaining)				
Protective (strengths)				

Winters, N. C., Hanson, G., & Stoyanova, V. (2007). The case formulation in child and adolescent psychiatry. *Child and Adolescent Psychiatric Clinics of North America*, 16, 111-132.

Health is Developmental-Contextual

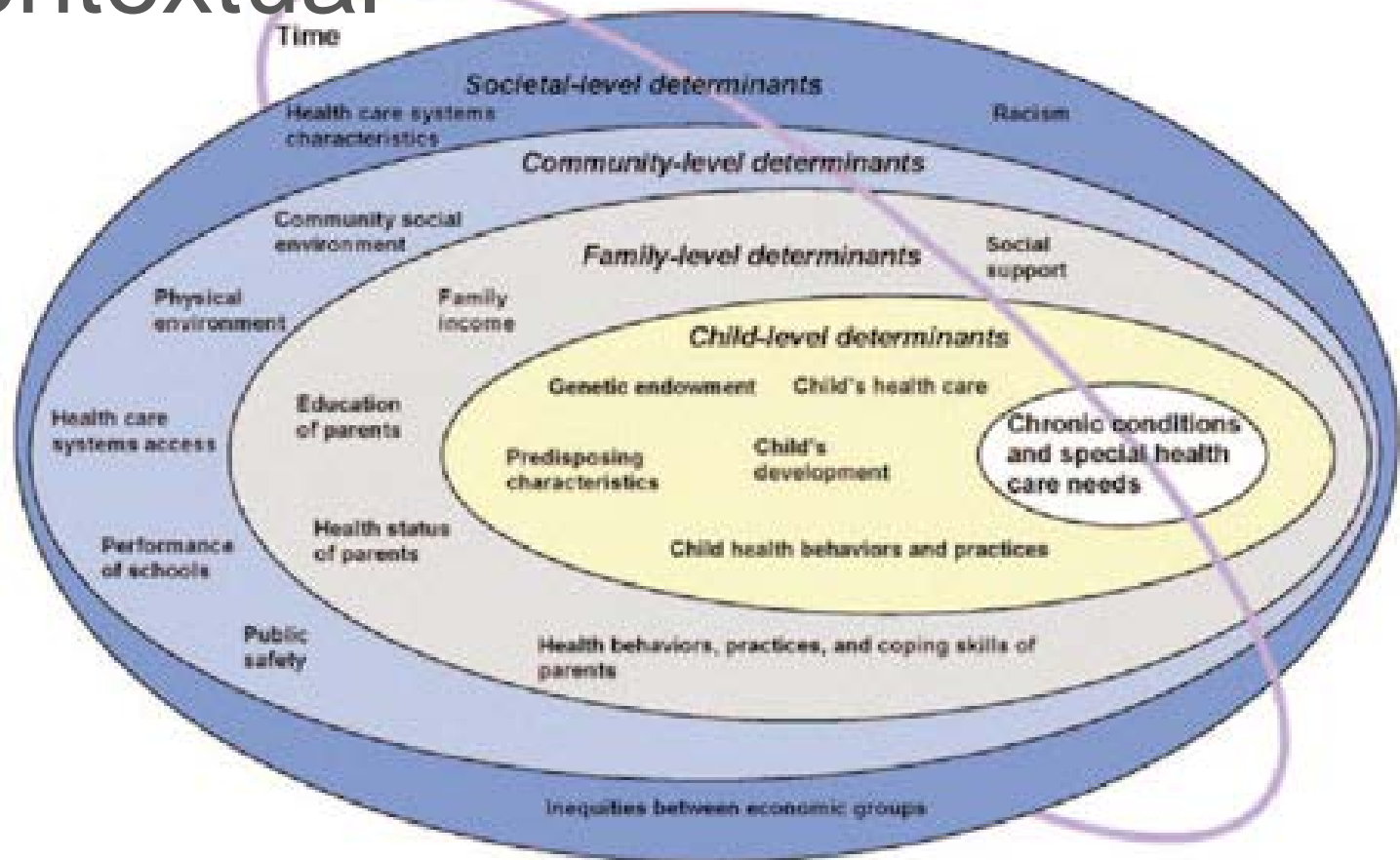
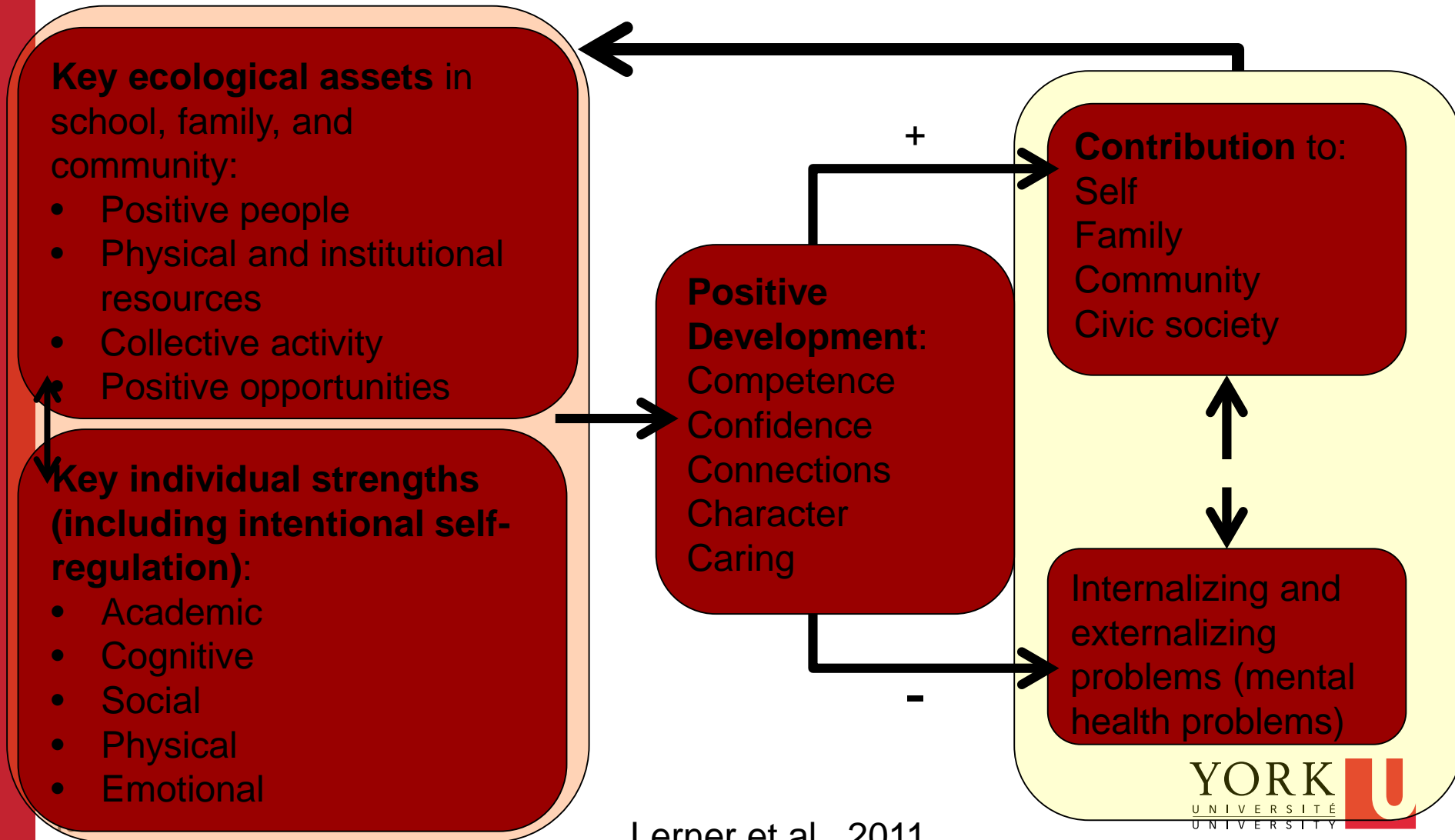


Figure 2. Determinants of Chronic Conditions and Special Health Care Needs Among Children [from Newacheck, Rising, & Kim, 2006 in Newacheck et al. (2008), p.348]

Mental health as an individual-contextual developmental process



Mental health is not just about symptom alleviation

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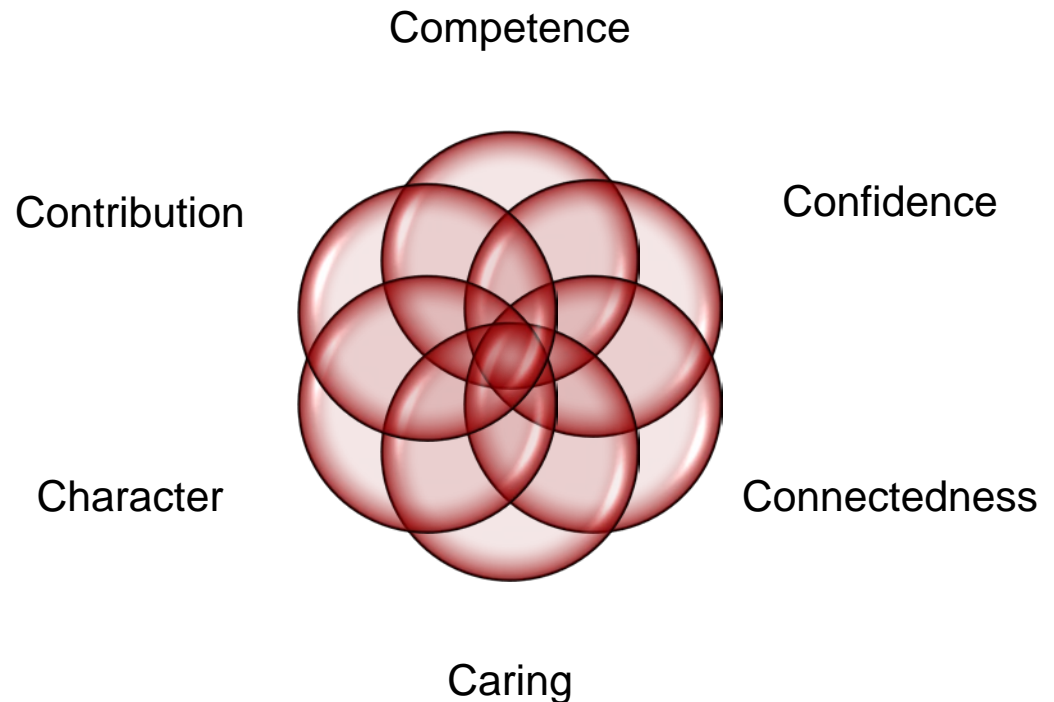
ORIGINAL PAPER

Thriving in Youth with Autism Spe 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



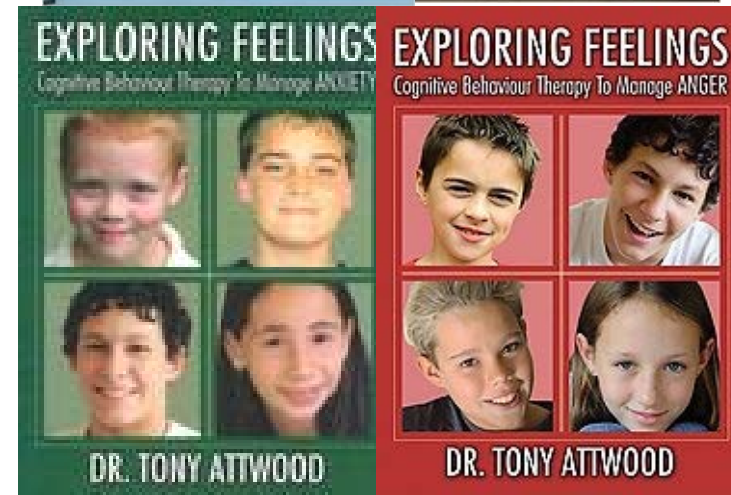
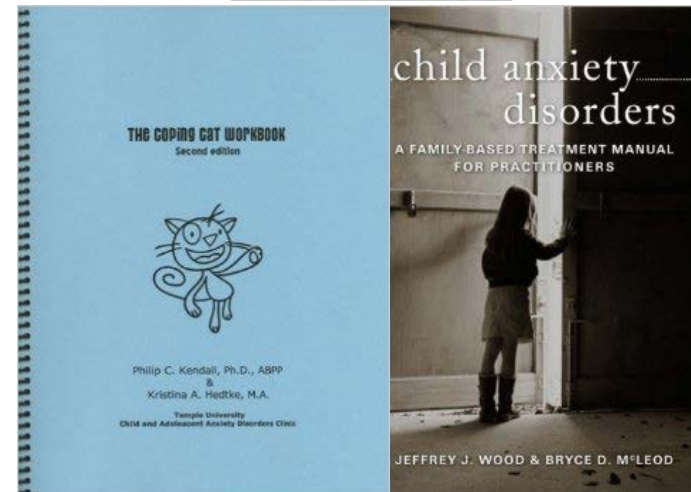
We can work with the individual

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



Lots of manuals

- *Facing Your Fears* (Reaven, et al., 2011). Paul Brookes.
- *Child anxiety disorders: A family-based treatment manual for practitioners* (Wood, et al., 2008). WW Norton & Co.
- *Exploring Feelings* (anger / anxiety) Attwood, 2004). Future Horizons.
- *Coping Cat* (Kendall & Hedtke, 2006). Workbook Pub.

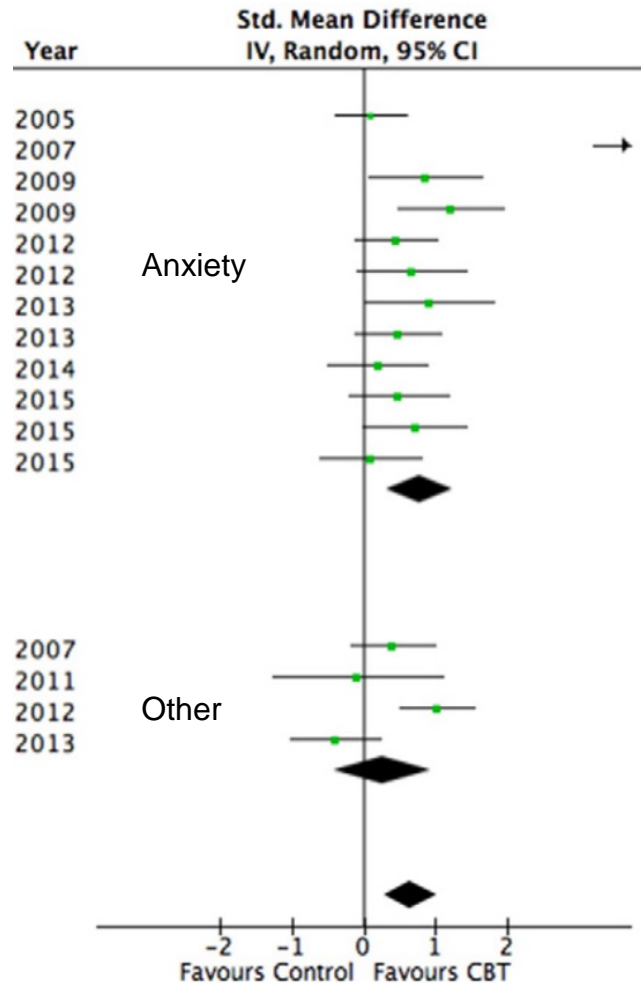


Where's the evidence?

- 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



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

Brief Report of Preliminary Outcomes of an Emotion Regulation Intervention for Children with Autism Spectrum Disorder

Kendra Thomson^{1,2} · Priscilla Burnham Riosa¹ · Jonathan A. Weiss¹

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Treating Transdiagnostic Processes in ASD: Going Beyond Anxiety

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Kate Sofronoff, Renae Beaumont and Jonathan A. Weiss

Treating Transdiagnostic Processes in ASD: Going Beyond Anxiety

Cognitive behavioral therapy (CBT) for anxiety is an extremely well-validated approach and is considered to be the best practice (Davis et al. 2011; Kendall et al. 2003; Ollendick et al. 2006). While there is quite a long history of successful behavioral interventions for children with autism spectrum disorders (ASD; e.g., Hastings et al. 2009; Lovaas 1987), the history of success with cognitive-behavioral interventions for the ASD population is relatively recent (Chalfant et al. 2007; Sofronoff et al. 2005; Wood et al. 2009;

gies to explain new concepts, to create disorder-specific hierarchies, and to include each child's specific interest when possible in order to build rapport, increase motivation, and as a metaphor to explain concepts. It is also important to actively engage with parents as those who can reinforce the child for efforts and remind the child of what has been learned. Donoghue et al. (2011) also published an approach to CBT for children with ASD. These researchers use the acronym PRECISE to encapsulate the necessary modifications to CBT required to work effectively with children with ASD. Within the acronym, "P" represents the collaborative partnership that

, 74 % had clinically significant emotional difficulties such as anger, sadness or anxiety, compared to typically developing peers (Totsika et al. 2011). Approximately 40–50 % of youth with ASD (as per DSM-criteria) are estimated to meet criteria for two or

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 (e.g., Asperger's disorder, PDD-NOS) from individuals with mild to moderate autism.

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 seems 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;

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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

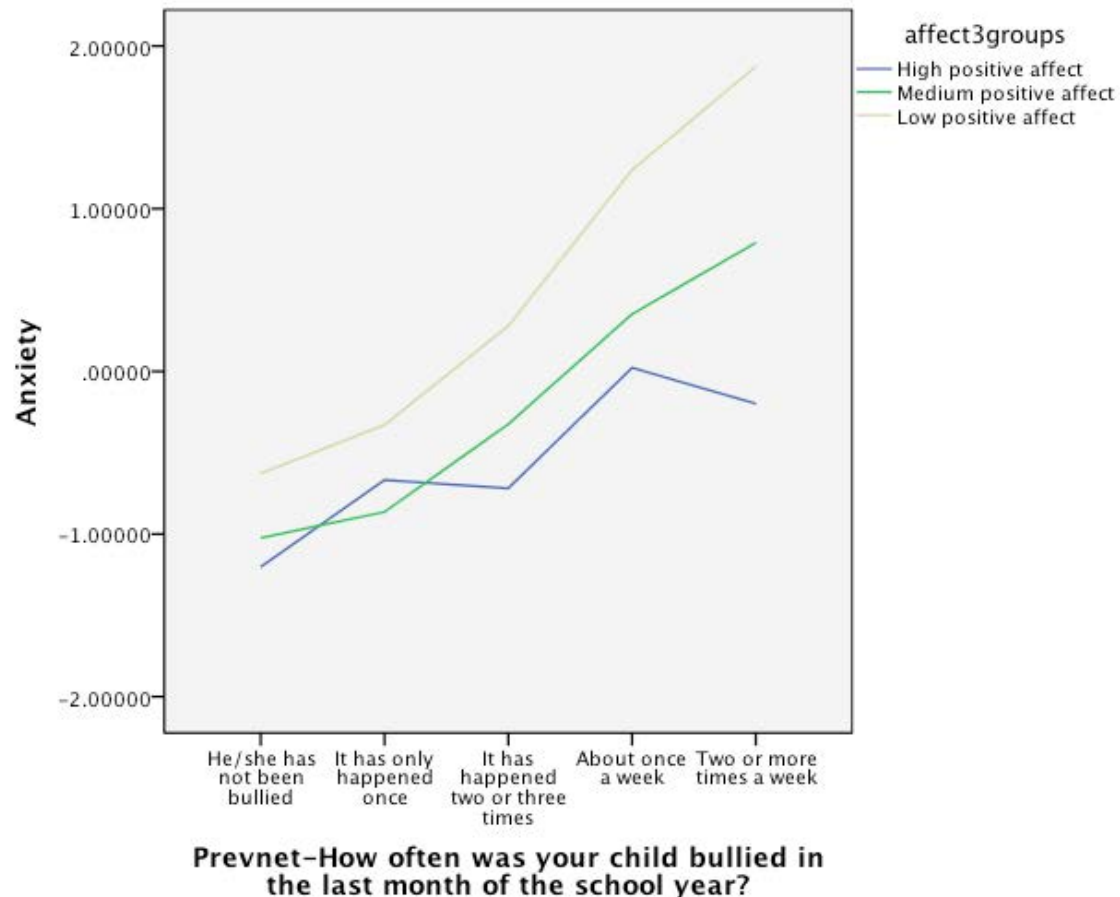
RESEARCH ARTICLE

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

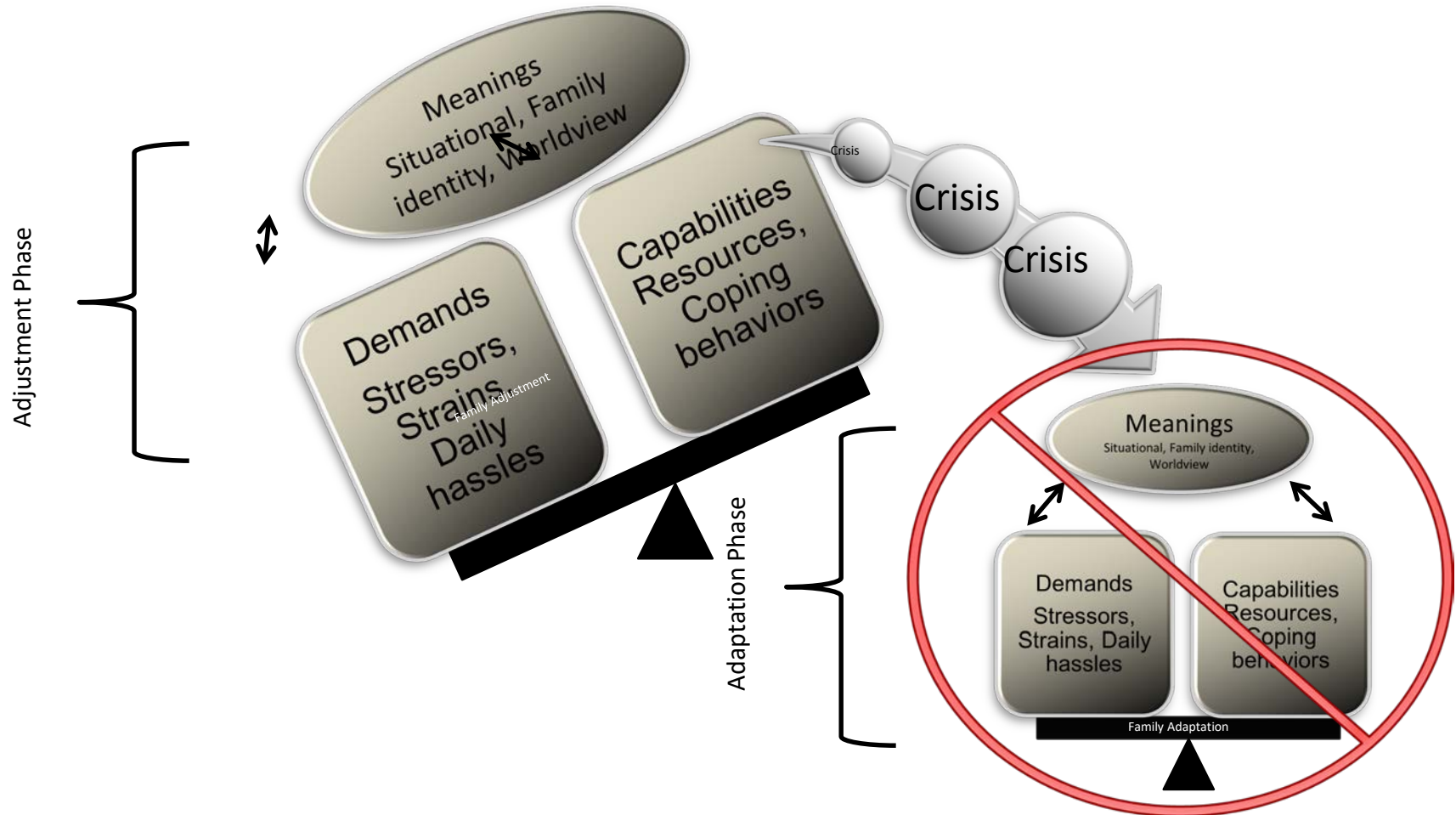
Jonathan A. Weiss, M. Catherine Cappadocia, Ami Tint, and Debra Pepler

Bullying victimization is commonly associated with anxiety disorder (ASD), and both bullying victimization and anxiety in the general population. We explored individual and contextual factors that moderate the relationship between bullying victimization and anxiety in adolescents and young adults diagnosed with ASD. Hierarchical multiple regression analyses revealed that parental positive affect was a significant moderator of that relationship. Findings indicate that parental positive affect moderated the relationship between bullying victimization and anxiety. The severity of anxiety was lower for mothers reported high levels of stress. Implications for bullying victimization are discussed. *Autism Res* 2015, 00: 1-10. Wiley Periodicals, Inc.

Keywords: bullying victimization; autism spectrum disorder; adolescence



Family Adjustment and Adaptation Resource Model



24 From "Families Experiencing Stress: The Family Adjustment and Adaptation Response Model," by J. M. Patterson, 1988, *Family Systems Medicine*, 6(2), pp. 202-237.

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 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



Updated: 7:05 a.m. Wednesday, Oct. 30, 2013 | Posted: 12:39 a.m. Wednesday, Oct. 30, 2013

Local Scout with autism makes remarkable transformation



15



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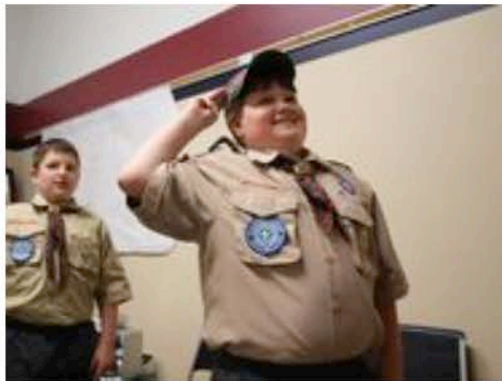
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Related

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Tyler Leak will soon graduate from Cub Scout Pack 969 and become a Boy Scout. Leak, who has autism, can become paralyzed with fear in some situations, especially noisy places.

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



Decorating the Wall with Pride!

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!

Retrieved June 2013:

http://www.specialolympics.org/Stories/General/Autism_and_Special_Olympics.aspx

Positive opportunities

- A major area of concern are opportunities following high school
- Lounds Taylor & Mailick Seltzer (2012)'s vocational index for adults with ASD

Table 1 Vocational index, from most to least independent

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

From: Taylor, J. L. & Seltzer, M. (2012). Developing a Vocational Index for Adults with Autism Spectrum Disorders. *Journal of Autism and Developmental Disorders*, 42(12), 2669–2679.

SAIT cooks up job opportunities for students with autism

JAMIE KOMARNICKI, CALGARY HERALD 08.12.2014 |



Bridgette Biddell cuts vegetables during her class at SAIT Polytechnic as part of a pilot project to train four students with autism spectrum disorder. *LEAH HENNEL*



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

<http://bcove.me/0y5opj7c>

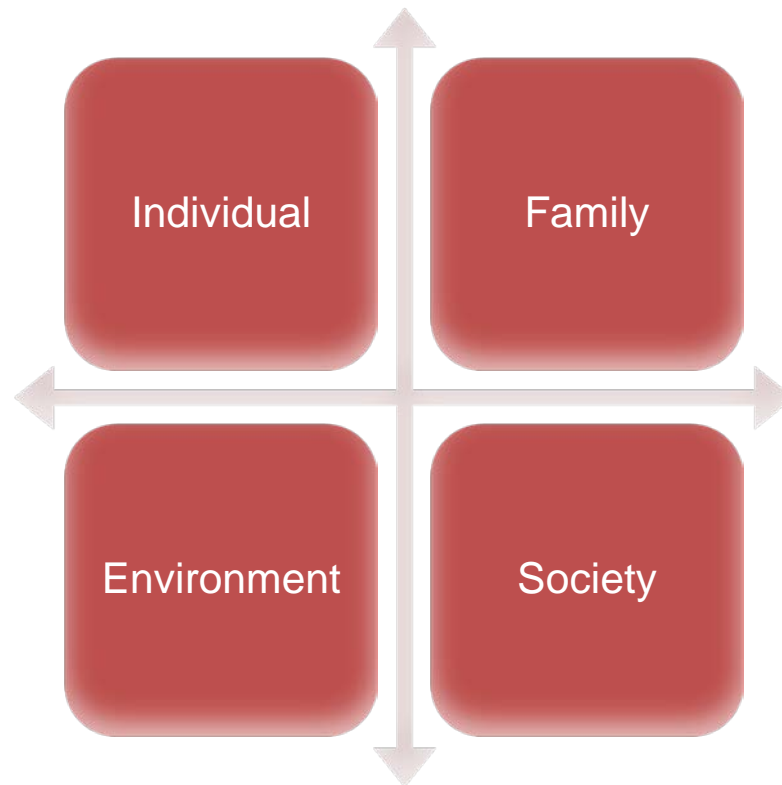
The Right Fit

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.



Damien Jenerette became a pharmacy technician at Bon Secours St. Mary's Hospital. JENNIFER T. MCDONOUGH

So where do we go?



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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