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Co-Occurring Mental Health and Autism: Identification and Support for SBHCs

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Disclosures & Values

- Presenters have no financial disclosures or conflicts of interest
- We strive to:
 - Honor autistic perspectives
 - Provide neurodiversity-affirming, strengths-based care

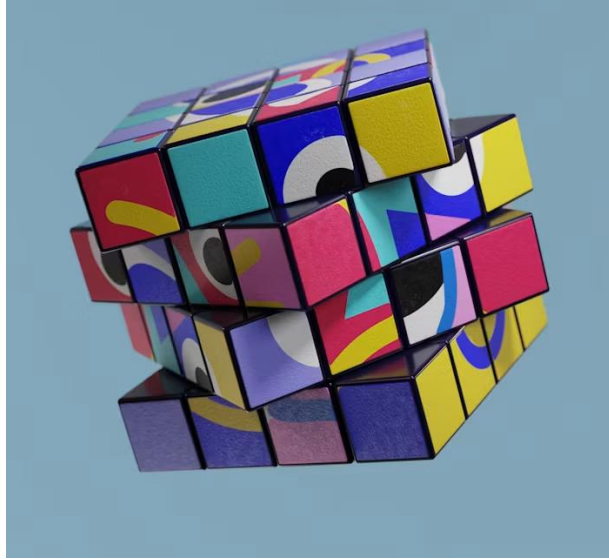
Learning Objectives

- Describe common mental health conditions in school-aged and adolescent autistic students
- Discuss strategies to support autistic students with co-occurring mental health conditions in school-based health centers
- Identify evidence-based mental health treatments for autistic students

Language Matters

Outdated Language	Current Language
People with autism (person first)	Autistic person (identity first) / Ask for Preference
Asperger's/PDD-NOS	Autism
Neurotypical / Normal	Non-autistic / Allistic
Warning Sign / Red Flag	Characteristics / Behaviors
Deficits	Differences
High Functioning / Low Functioning	Lower Support Needs / Higher Support Needs

MH Conditions are Common for Autistic Youth



- Mental health conditions are more common among autistic youth than non-autistic youth.
- Anxiety: ~40% of autistic youth
- Depression: ~11-14% lifetime prevalence
- Anxiety and depression can significantly limit functioning across settings (e.g., school)
- There are evidence-based interventions that can treat anxiety and depression symptoms

Why are autistic people vulnerable to MH conditions?

- Social communication differences
- Negative social experiences
- Cognitive vulnerabilities
- Executive functioning challenges
- Sensory sensitivities
- Shared biological etiologies
- Parental anxiety
- Co-occurring medical conditions





Diagnostic Challenges

- Overshadowing
- Masking or camouflaging
- Language and/or cognitive differences
- Atypical presentations of MH
- Interfering behaviors
- Difficulties with interoception
- Lack of provider confidence

Anxiety: What are kids worried about?

Social Anxiety

Worry about what others think
Fear of social rejection
Fear of being teased/bullied
Fear of unwanted social attention

Chronic Worry

School performance, death/dying, the future, being just right

Separation

Worrying about self or caregivers' safety when apart

Specific Fears

Animals, bugs, the dark, crowds

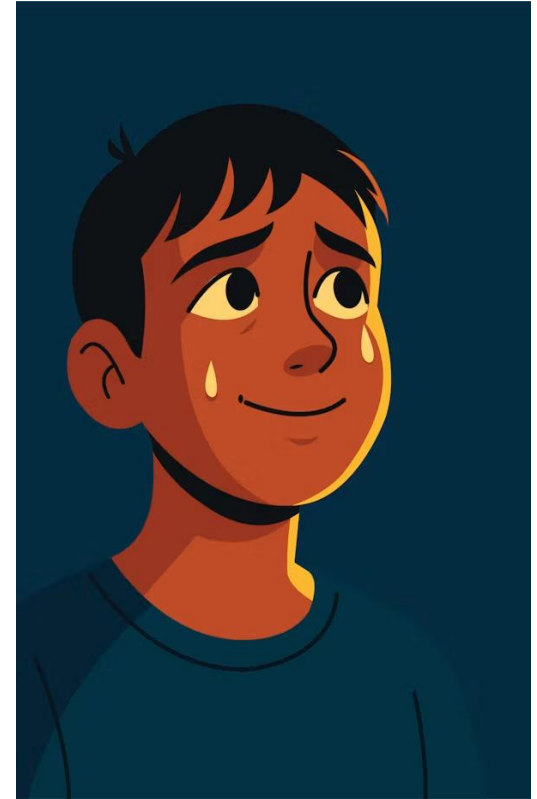
Distinct Fears in Autism

- Idiosyncratic fears (e.g., fans, graffiti, beards, blow-up holiday decorations)
- Transitions/change (in anticipation of the change)
- Sensory oversensitivity
- Confusion/fear about social situations (without negative evaluation)
- Prevention from engaging in special interests



Identifying Anxiety in Autistic Students

- Is there evidence of **anticipatory** worry?
- Is anxiety **in proportion** with experiences?
- Has there been a **change from baseline**?
- Unconventional Presentations:
 - Irritability and increased behavioral dysregulation
 - Repetitive question asking
 - Increased self-stimulatory or repetitive behaviors
 - Communication changes (e.g., louder volume, faster rate)



Identifying Depression in Autistic Students

- Consider student's baseline
 - Increased withdrawal or fatigue?
 - Loss of interest in *previously enjoyable* activities?
 - More challenges with sleep or focus?
- Increased sadness or irritability (distinguish from flat affect or reduced use of facial expressions and gestures)
- Potential thoughts of not wanting to be alive
 - SI is more common among autistic youth
 - Important to screen and monitor



Why is it important to consider MH in your care?



Depression and anxiety symptoms impact school outcomes for autistic youth

- School attendance, grade progression, and engagement

Autistic adults report significant difficulties attending medical visits, engaging in the community, and adverse health outcomes

- Social communication barriers
- Executive function overload (e.g., need to multi-task)
- Not feeling understood by providers
- Untreated or delayed treatment for physical and mental health conditions

Qualities of Neurodiversity Affirming Care

- Nonevaluative and informed approach to differences with curiosity and humility
- Respect autonomy alongside collaboration and skill building
- Support holistic care and individual needs
- Understand and recognize variability in autistic presentations and identities

“Being really aware that things will look different for a lot of neurodivergent kids, and that’s okay. And not doing the direct comparison... encourage them and say, ‘You’re gonna do things in your own way, on your own time, and that’s okay’.” (P10)

(Russell et al., unpublished)

Barriers to Neurodiversity Affirming Care

- Dismissing needs and cultural factors
- Difficulty accessing affirming services or any services
- Offensive communication with the individual

“I don't like it when people dumb things down for me because I'm autistic.” (P22)

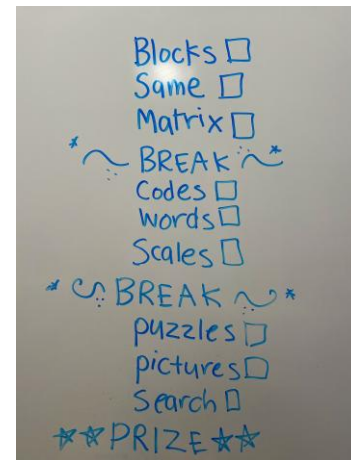
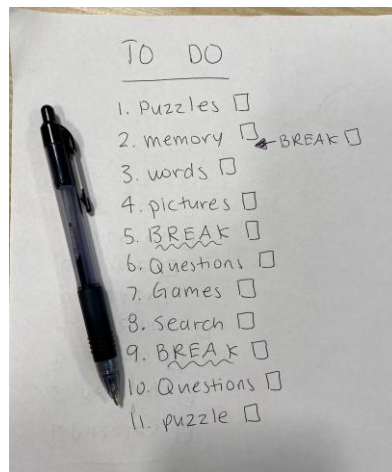
(Russell et al., unpublished)

Neuro-affirming Strategies

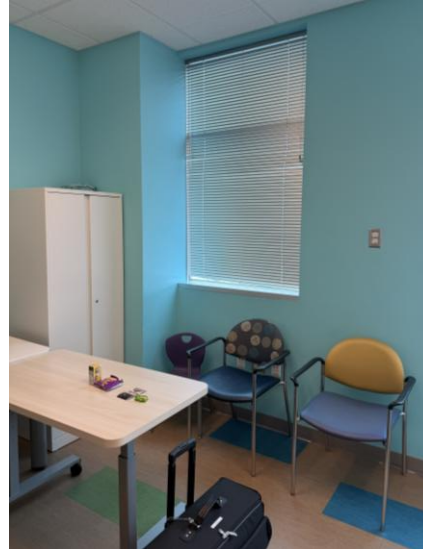
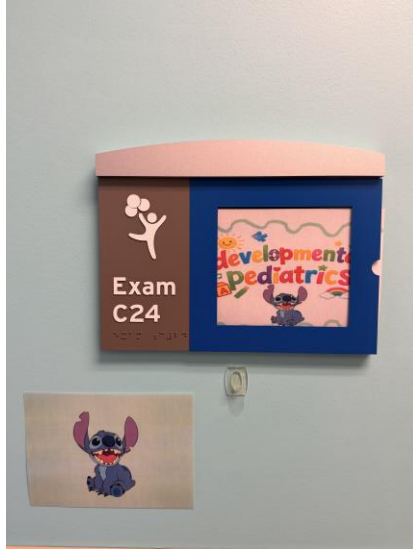
- Active listening
- Consider basic needs (e.g., snacks)
- Consider sensory needs (e.g., lights, noise, touch)
- Explain/practice, then act
- Give choices whenever possible
- Model advocacy
- Plain language + explicit explanation
- Previews/agendas
- Prioritize - what's most important?
- Speak to the child
- Avoid open-ended questions
- Talk to caregivers ahead of time
- Visual supports



Visual and Sensory Supports



Multisensory and Environmental Supports



Visual Supports and Social Stories



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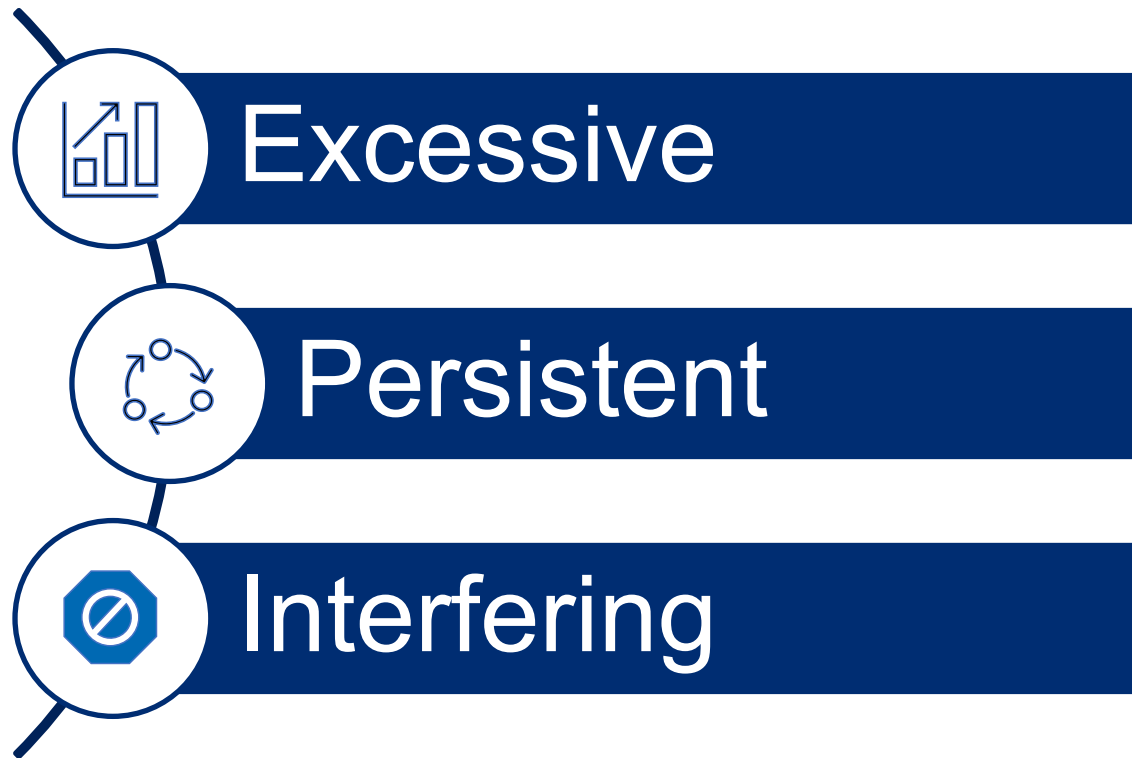


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When children may need more support



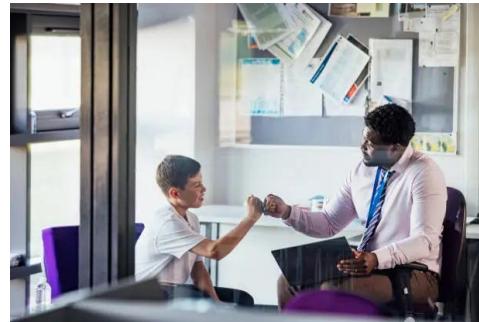
More than
necessary,
“normal” or
desirable

Not going
away

Getting in the way
of school,
friendships, fun
activities, family life

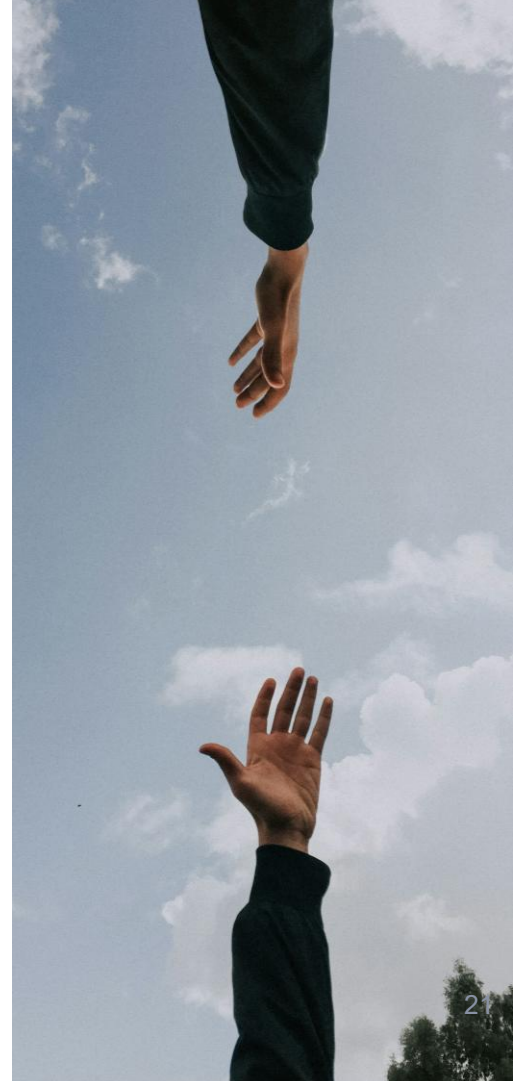
Educational Supports

- Social skill supports and peer opportunities to improve social connections (e.g., social coaching, lunch bunch).
- OT to support with regulation and sensory needs that may exacerbate mental health symptoms at school.
- Accommodations to support performance anxiety or MH-related challenges (e.g., preferred seating, extra time, notes).
- SLP to support use of language for communicating needs and feelings.
- Update IEP or 504 supports to reflect mental health needs (e.g., counseling, social-emotional groups, goals related to using coping strategies).



Evidence-Based Treatment

- Cognitive Behavioral Therapy (CBT):
 - Structured, goal-oriented therapy that connects thoughts, feelings, behaviors to treat anxiety and depression.
- Exposure-based therapies:
 - Combining exposure steps with coping skills to treat phobias/anxiety (I.e., Facing Your Fears Program).
- Dialectical Behavior Therapy (DBT):
 - Improves mindfulness, emotion regulation, distress tolerance, and interpersonal skills.



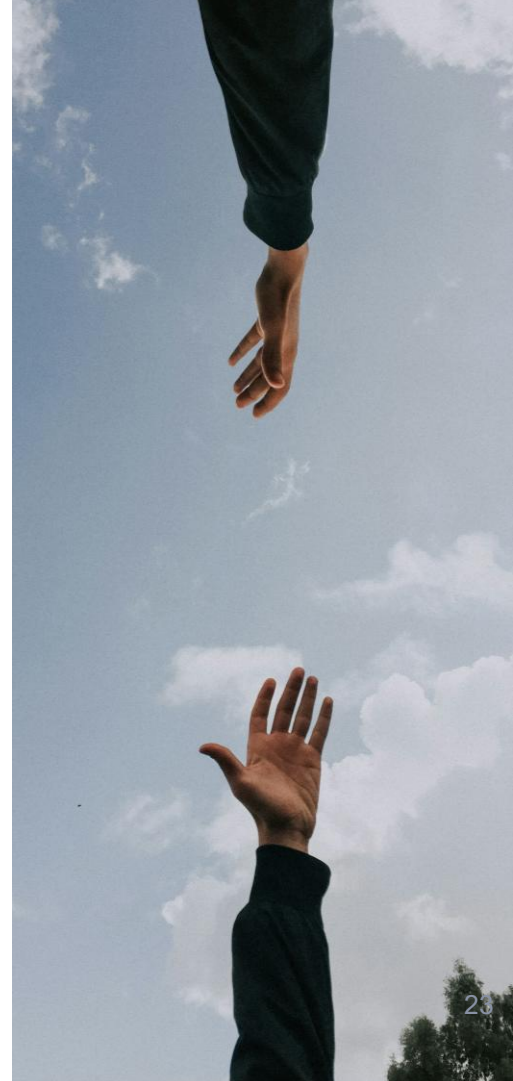
Evidence-Based Treatment Continued

- Acceptance and Commitment Therapy (ACT):
 - Building psychological flexibility to live a meaningful life aligned with personal values. Accepting pain and discomfort that arise.
- Mindfulness-based therapies:
 - Combines present-moment awareness, acceptance, and meditation to anxiety and depression.



Evidence-Based Treatment Adaptations

- Manualized programs adapted for neurodivergent kids. Some specific to school settings.
 - FYF, FYF-IDD, Coping Cat, Unstuck & On Target
- Common CBT adaptations for autism:
 - Incorporate interests, visual supports, consistency and repetition, rapport, accommodations, clear language, role plays (Riches et al., 2023).



Case Study #1

Maria is a 10-year-old girl recently diagnosed with autism. She has always had challenges with reading and math and engages in task avoidance (e.g., asking to use the bathroom during work times). She has had more tardies and absences recently and her caregiver reported that mornings are very difficult, with Maria having major meltdowns before school several days/week and difficulty falling asleep on Sunday nights. Her caregiver is wondering if ABA or a behavior plan at school could be helpful.

Are there any MH considerations? How might the school team help support Maria and her family?

Case Study #2

Alex is a gifted 16-year-old high school student who was diagnosed with autism when he was 7 years old. As of this school year, has stopped participating in after-school activities he had once enjoyed, he does not engage with peers as much as he used to during class, and has recently struggled to complete his school assignments. His parents shared that the busy school environment, social challenges, and sensory environment seem to contribute to Alex feeling overwhelmed and stressed.

What seems to be going on for Alex? How can his school-based team provide Alex and his family with support?

Questions?

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Thank you!