

Supporting the Mental Health of School-Aged Youth with ASD: The Positive Potential of School Partnerships

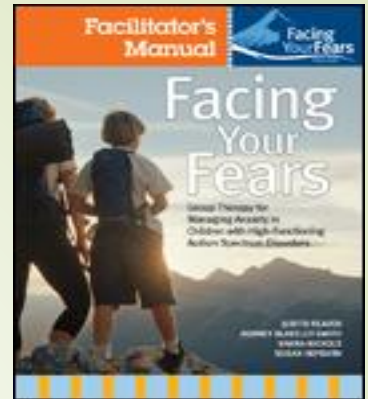
9th Annual JFK Autism Spectrum Disorder
Conference – October 2021

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Conflict of Interest:



Royalties:

Facing Your Fears: Group Therapy for Managing Anxiety in Children with High-Functioning Autism Spectrum Disorders

Paul Brookes Publishing Company

www.brookespublishing.com

<http://facingfears.org>

Significance: Mental Health and Youth with ASD

➤ Prevalence

- MH symptoms are common in people with ASD/NDD (Middleton et al. in press; Simonoff et al. 2008)

➤ Impact

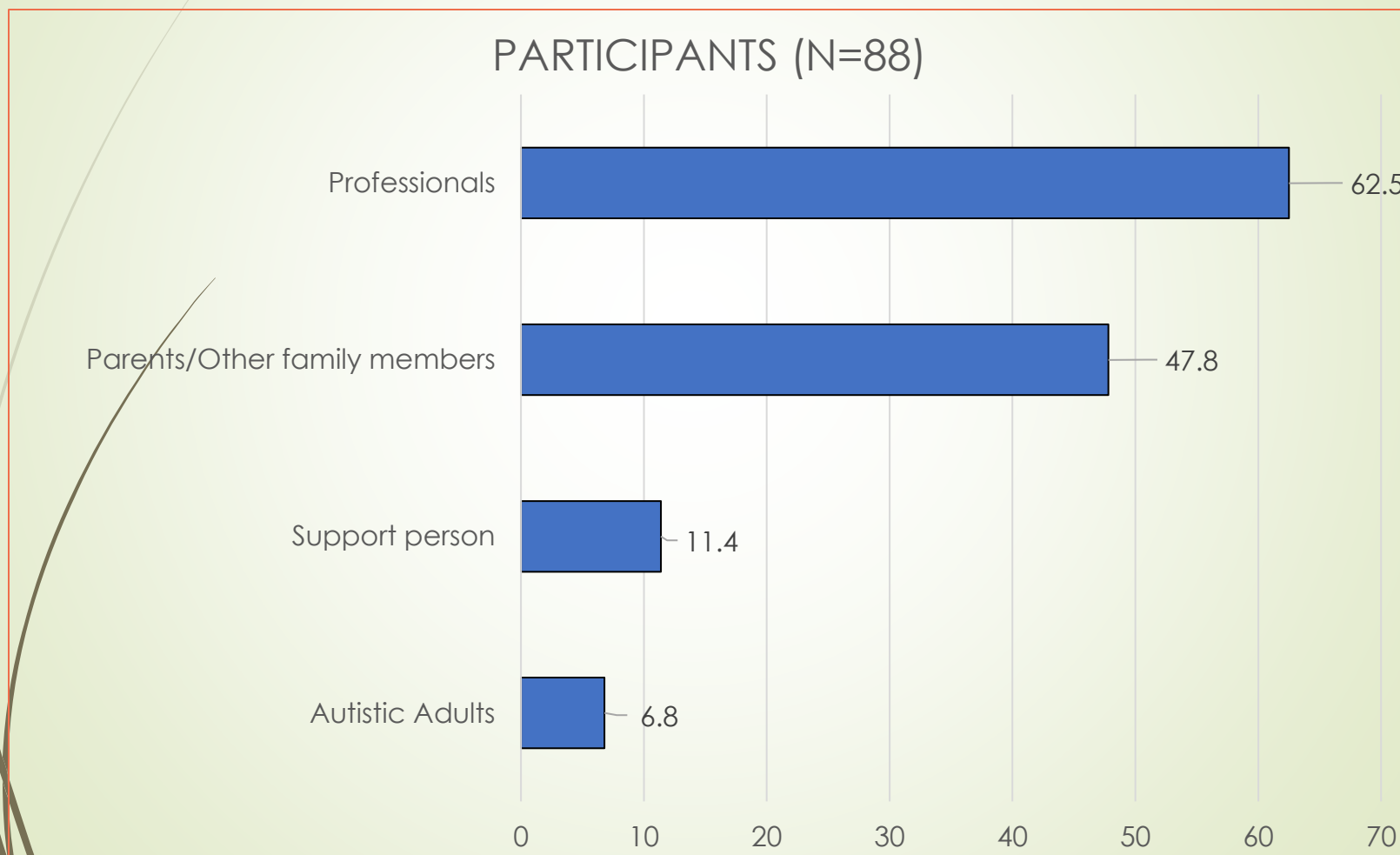
- MH symptoms increase risk for academic, social, and emotional problem (Rotheram-Fuller & MacMullen, 2011)

➤ Without Intervention Symptoms Can Worsen Over Time




➤ Potential to Treat

- Best practice approaches (CBT) are effective in non-autistic youth (Olatunji et al. 2010)
- CBT extended to youth with ASD encouraging (McConachie et al. 2014; Storch et al. 2013; Wood et al. 2009; 2020)





Colorado Stakeholder Input: Mental Health Survey (October 2020)



Common Mental Health/Behavioral Concerns

| Common Mental Health or Behavioral Concerns (Choose top 3) | Percent Response |
|---|---|
| Anxiety, Fears, Worries | 72.7%  |
| Attention, Concentration, Impulsivity | 64.8%  |
| Outburst, meltdown, tantrums | 55.7%  |
| Noncompliance, refusals, defiance | 25% |
| Aggression (people or property) | 17% |
| Sadness, irritability, depression | 14.8% |
| Video Game or other online addiction | 14.8% |
| Increase in behaviors (e.g., sensory-seeking, repetitive behaviors) | 13.6% |
| Self-harm or suicidal behaviors | 11.4% |

Common Mental Health/Behavioral Concerns: Family Members and Professionals

| Common Mental Health or Behavioral Concerns (Choose top 3) | Percent Response Family Members | Professionals |
|---|---------------------------------|---|
| Anxiety, Fears, Worries | 84% | 71%  |
| Attention, Concentration, Impulsivity | 56% | 73%  |
| Outburst, meltdown, tantrums | 36% | 62%  |
| Noncompliance, refusals, defiance | 32% | 27% |
| Aggression (people or property) | 12% | 18% |
| Sadness, irritability, depression | 20% | 9%  |
| Video Game or other online addiction | 20% | 13% |
| Increase in behaviors (e.g., sensory-seeking, repetitive behaviors) | 8% | 16% |
| Self-harm or suicidal behaviors | 12% | 4% |

Contributing Factors – COVID-19

| COVID-19 FACTORS | DEFINITE IMPACT | VERY MUCH OF AN IMPACT | PERCENT TOTAL |
|---|-----------------|------------------------|---------------|
| <u>Impact on School</u> (Virtual learning, hybrid models, technology challenges, helping children with homework) | 39.1 | 51.7 | 90.8 |
| <u>Family Stress</u> (multiple roles, financial challenges, job loss/change, relationship conflict) | 39.1 | 33.3 | 72.4 |
| <u>Restrictions</u> | 37.5 | 31.8 | 69.3 |
| <u>Worry About Illness</u> | 31.8 | 5.7 | 37.5 |

COVID and ASD/NDD: Lost opportunities (Bellomo et al. 2020)

- Disproportionately impacted youth with ASD/NDD (and different communities)
- Disruption in usual medical care/educational experiences
- Missed diagnoses – both NDD and MH
- Unknown impact of social isolation – missed opportunities to have challenges addressed
- Impact of Covid-19; fear of illness/disease; financial burden
- Even with telehealth delivery, burden on parents/caregivers
- Home school and multiple roles of parents



Identifying MH Concerns in ASD

Age of Identification

6-9 (37.9%)

10-12 (33.3%)

13-15 (18.4%)

Age of Identification

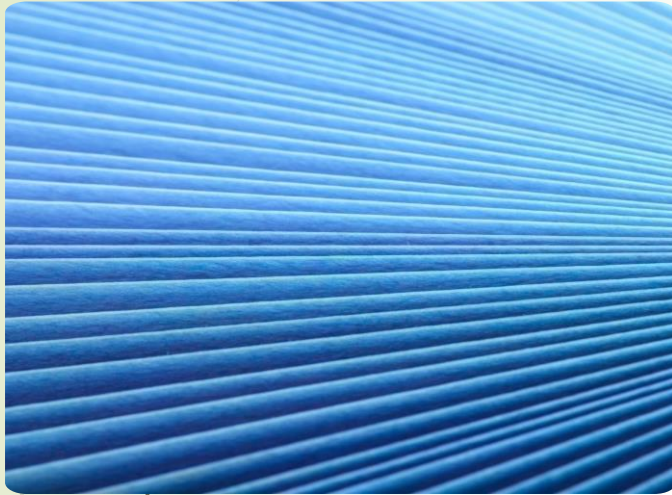
| | Fam | Prof |
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| ★ 6-9 | (44%) | (33%) |
| 10-12 | (32%) | (38%) ★ |
| 13-15 | (12%) | (18%) |

First to Notice MH concerns

Parents/Caregivers (90.8%)

Teachers/School
Professionals (66.7%)

Where Do Youth with ASD Receive MH Services?



"Most families I see get the majority of services from schools - at least until high school. They rely heavily on school services due to cost, wait lists, availability, schedules, etc. "

Ages 6-9:
Schools
(60%)

Ages 10-12:
Day Treatment
Programs (38.5%);
Private MH (35.4%)

Ages 13-15: Private
MH (47.9%); CMHC
(34.7%); Outpatient
MH through Hospitals
(34.%)

Why Form School Partnerships?



Importance of Working in Schools

- Students with ASD/NDD display marked anxiety/problem behavior in school (Rotheram-Fuller & MacMullen, 2011).
- Evidence-based interventions frequently unavailable in school settings
- Effective way to reach historically underserved students
- Training non-mental health providers expands capacity to serve students
- **Schools are the location of choice** (Mychailyszyn et al., 2011; Van Acker & Mayer, 2009).



Substantial Disparities in Access to Mental Health Services

Racial Disparities in CBT Research for Anxiety in ASD
(Pickard, Reyes, & Reaven, 2018)

- Reviewed 14 studies, 473 participants with ASD and anxiety in the US
- Compared demographics of the participants with US Census
- Significantly more White participants/significantly fewer Black/Latino youth than what US Census would suggest
- Highly educated sample – most caregivers with college degree or above
- Implications



Real World Impact of Anxiety



Common Fears:

- Using the school bathroom (e.g., toilets flushing, other kids, or germs)
- Fear of being late
- Talking to new people or in class/asking for help
- Separating from parents to attend school
- Making mistakes/accepting criticism

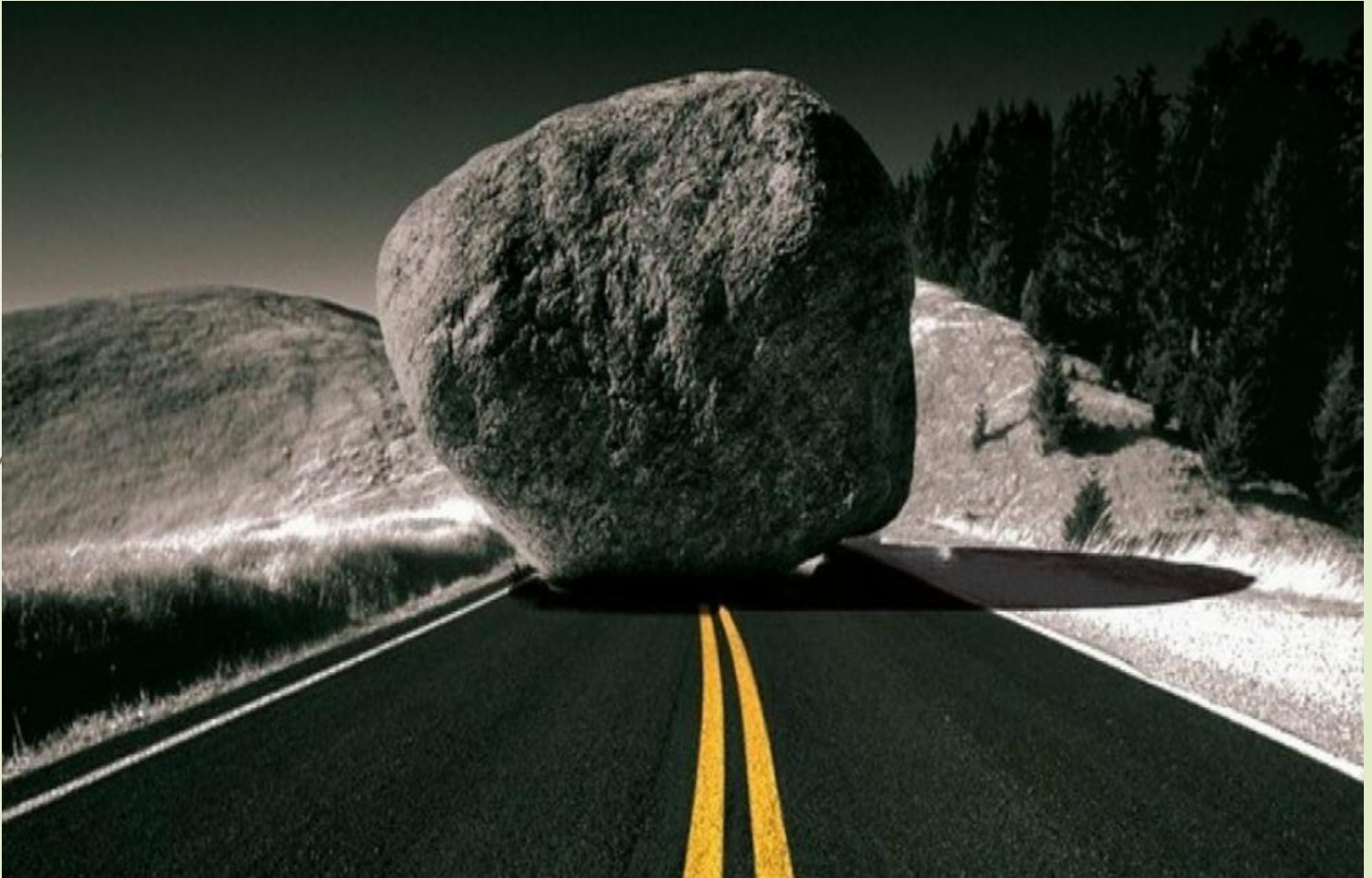
Real World Impact (in a virtual world)



Common Fears:

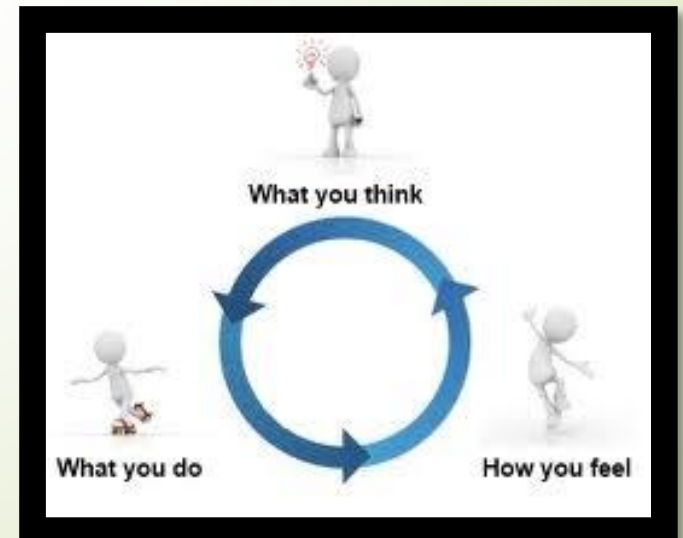
- Trouble logging on; internet connectivity
- Keeping the video on
- Talking/answering questions/asking for help
- Making mistakes/accepting criticism

The Obstacle of Anxiety



Cognitive Behavior Therapy

- Connection between thoughts, feelings and behavior
- Changing thinking patterns; calm your mind; relax your body
- Use problem-solving skills to manage difficult situations
- Structured approaches to teaching new skills (e.g., role play, modeling)
- Homework/practice
- Emphasis on coping strategies



FYF Treatment Program – Youth with ASD and Anxiety (ages 8-14) (Reaven et al. 2011)

- **Duration of treatment:** 14 weeks – 1 ½ hour per session
- **Modality:** varied; children alone, parents alone, dyads and large group work
- **First seven weeks:** Define anxiety symptoms, identify anxiety provoking situations, develop a set of “tools” (somatic management, helpful thoughts, emotion regulation, graded exposure)
- **Second seven weeks:** Identify goals and create stimulus hierarchy, apply “tools” across settings, in-vivo graded exposure, video activity to reinforce core concepts
- **Parent involvement:** ongoing; integrated parent curriculum
- **Booster session:** 4-6 weeks post-treatment



Cognitive-Behavioral Group Treatment for Anxiety Symptoms in Children With High-Functioning Autism Spectrum Disorders

A Pilot Study

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Individuals with autism spectrum disorders (ASD) are at increased risk for developing anxiety disorders relative to children without ASD and those with other developmental disabilities. Thirty-three children with high-functioning ASD and the parents participated in an original, manualized cognitive behavioral group treatment aimed at reducing severity of anxiety symptoms. Parent-child dyads entered into either an Active Treatment Condition or Wait List Control Condition. Results indicated significant reductions in parent report of anxiety symptoms after the delivery of the group treatment, compared with the Wait List Control Condition. The findings of this study are promising, particularly in light of the high rates of

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Group cognitive behavior therapy for children with high-functioning autism spectrum disorders and anxiety: a randomized trial

Judy Reaven, Audrey Blakeley-Smith, Kathy Culhane-Shelburne, and Susan Hepburn

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Background: Children with high-functioning autism spectrum disorders (ASD) are at high risk for developing significant anxiety. Anxiety can adversely impact functioning across school, home and community environments. Cognitive behavioral therapies (CBT) are frequently used with success for children with anxiety symptoms. Modified CBT interventions for anxiety in children with ASD have also yielded promising results. **Methods:** Fifty children with high-functioning ASD and anxiety were randomized to group CBT or treatment-as-usual (TAU) for 12 weeks. Independent clinical evaluators, blind to condition, completed structured interviews (Anxiety Disorders Interview Schedule – Parent Version; ADIS-P) pre- and post-intervention condition. **Results:** Forty-seven children completed either the CBT or TAU condition. Results indicated markedly better outcomes for the CBT group. Significant differences by group were noted in Clinician Severity Ratings, diagnostic status, and clinician ratings of global improvement. In the intent-to-treat sample, 10 of 20 children (50%) in the CBT group had a clinically meaningful positive treatment response, compared to 2 of 23 children (8.7%) in the TAU group. **Conclusions:** Initial results from this randomized, designed treatment study suggest that a group CBT intervention specifically developed for children with ASD may be effective in decreasing anxiety. Limitations of this study include small sample size, lack of an attention control group, and use of outcome measures normed with typically developing children. **Keywords:** Autism, anxiety, cognitive behavioral therapies, group.

Reaven et al. - Autism 2014.pdf - Adobe Acrobat Reader DC (32-bit)

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Improving transportability of a cognitive-behavioral treatment intervention for anxiety in youth with autism spectrum disorders: Results from a US–Canada collaboration

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Abstract
Anxiety disorders frequently co-occur in youth with autism spectrum disorders. In addition to developing efficacious treatments for anxiety in children with autism spectrum disorders, it is important to examine the transportability of these treatments to real-world settings. Study aims were to (a) train clinicians to deliver Facing Your Fears: Group Therapy for Managing Anxiety in Children with High-Functioning Autism Spectrum Disorders to fidelity and (b) examine feasibility of the program for novel settings. A secondary aim was to examine preliminary youth treatment outcome. Results indicated that clinicians obtained excellent fidelity following a workshop and ongoing consultation. Acceptability ratings indicated that Facing Your Fears Therapy was viewed favorably, and critiques were incorporated into program revisions. Meaningful reductions in anxiety were reported posttreatment for 53% of children. Results support the initial effectiveness and transportability of Facing Your Fears Therapy in new clinical settings.

Reaven et al. training clinicians multi-site 2016.pdf - Adobe Acrobat Reader DC (32-bit)

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Journal of Consulting and Clinical Psychology
2016, Vol. 86, No. 3, 205–217

Training Clinicians to Deliver Group CBT to Manage Anxiety in Youth With ASD: Results of a Multisite Trial

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Objective: Few guidelines are available regarding optimal training models for practitioners delivering cognitive-behavioral therapy (CBT) for anxiety in youth with autism spectrum disorder (ASD). The present study systematically compared 3 instructional conditions for delivering the Facing Your Fears program (FYF) to children with ASD and anxiety. **Method:** Thirty-four clinicians ($M_{age} = 34$ years; 80% Caucasian) and an internal-control sample of 49 children with ASD and anxiety ($M_{age} = 11.3$ years; 50% Caucasian) met eligibility criteria across 4 sites. A 3-group parallel design via a Latin square procedure was used to randomize 9 teams of clinicians to 1 of 3 training conditions: Manual, Workshop, Workshop-Plus. The effectiveness of instructional conditions was assessed via implementation (CBT knowledge, treatment fidelity) and treatment outcomes (reductions in anxiety as measured by the Anxiety Disorders Interview Schedule-Parent (ADIS-P), Results: Clinicians in both Workshop conditions significantly increased CBT knowledge postworkshop, $F(1, 18) = 10.8, p < .001$. Excellent treatment fidelity was obtained across conditions (above 80%), although clinicians in the Workshop conditions obtained significantly higher fidelity ratings and delivered FYF with greater quality than the Manual condition. Children with ASD demonstrated significant reductions in anxiety symptoms for three of the four anxiety diagnoses, with no differences noted across instructional condition. Rates of improvement were lower than those obtained in a previous controlled trial. **Conclusions:** Results suggest that although there may be some advantage to participating in a Workshop, clinicians in all conditions could deliver FYF with excellent fidelity and yield positive treatment outcomes. Lack of a no-treatment comparison group limits interpretation of findings.

Implementing CBT in Colorado Schools



**Low income
Racially/ethnically
diverse communities**



**Denver Public Schools
Littleton Public Schools
Cherry Creek School
District**



HRSA# : R41MC31075-01-00

Aims of the FYF-School Based Study

Year 1:

- Focus Groups & Program Development (Qualitative Phase)

Year 2:

- Pilot Groups & Training Interdisciplinary Providers

Year 3:

- **Randomized Trial; Delivering FYF through a Train-The-Trainer Approach**

FYF-School Based

12, 40-minute sessions (during school day)

Session 1 & 2

Welcome & Introduction

Getting to know you/ice breaker

Learning about emotions

Everybody worries and gets upset sometimes

How I react/feel when I worry

Session 3 -4

Understanding My Worry/Upset and Calming My Body

Time Spent Worrying/Upset

Externalizing worries: Worry bugs

False Alarms; Stress-o-meters

Measuring worry/upset; Deep Breathing

Sessions 5-6

Managing the Mind; Calming the Body

Identifying relaxing activities

Active Minds and Helpful Thoughts

Putting it Altogether

Plan to Get to Green

Sessions 8-12

Practice Facing Fears

Introduction to Exposure: Facing Fears

Creating exposure hierarchies/steps to success

Optional: Movie Making

Review & Graduation

Two Parent Sessions

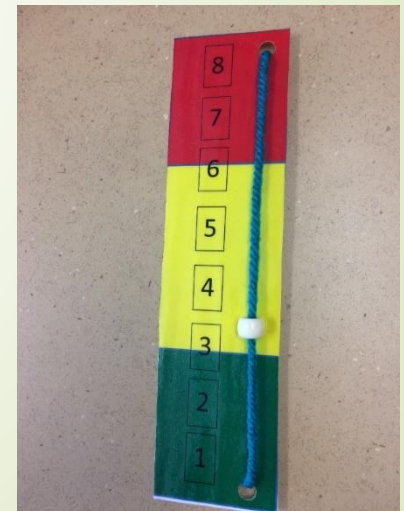
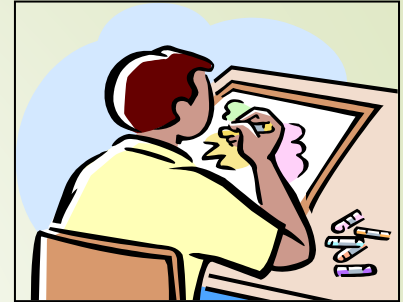
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Session 1:
Overview of FYF-SB; introduce tools/strategies

Session 2:
Introduction to Graded Exposure; Wrap-up and review student progress

Core Components of FYF-SB

- Psychoeducation
- Cognitive strategies/somatic management
 - Increase emotion vocabulary
 - Identify anxiety symptoms (enhance self-awareness)
 - Identify physiological symptoms of worry/anxiety/upset
 - Compare “anxiety” vs “fun” time
 - Emotion Regulation:
Calming the body/managing the mind
 - Plan to Get to Green



Core Components of FYF-SB

Graded Exposure

- Identify anxiety/fears that interfere with school functioning
- Develop a fear hierarchy or “to do” list
- Practice facing fears a little at a time to manage/conquer the fear
- Emphasize fear tolerance!

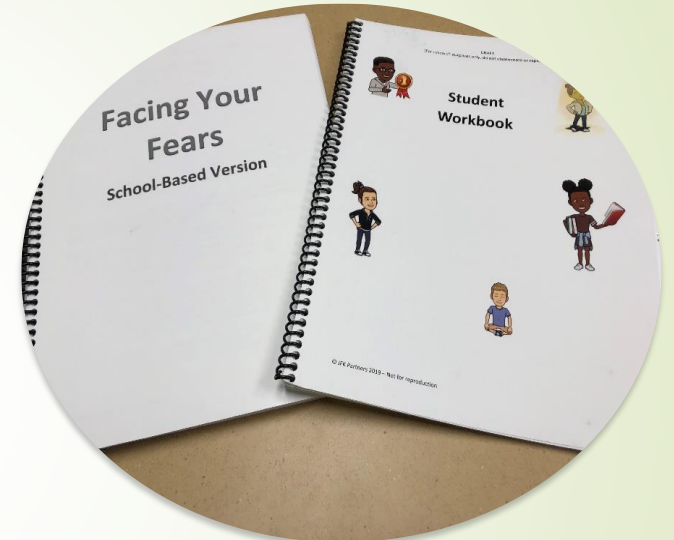


Using Videos to Teach Exposure: Facing Your Fear of Toilet Flushing

1. Student stands outside the bathroom entrance and toilet flushes
2. Student stands closer to a stall and toilet flushes
3. Student flushes the toilet himself.
4. Student stands close to a stall and several toilets flush and a peer washes hands.



FYF-SB SWAG



Training and Implementation Phase (Similar for Pilot/Randomized Trial)

School Provider Inclusion Criteria

- Interdisciplinary school providers working with students with ASD
- At least one mental health provider on the team
- Included all disciplines, but not paraeducators (yet!)
- Attended 12 hour didactic/interactive workshop
- Received 20-30 minutes, bi-monthly consultation calls



Student Participants



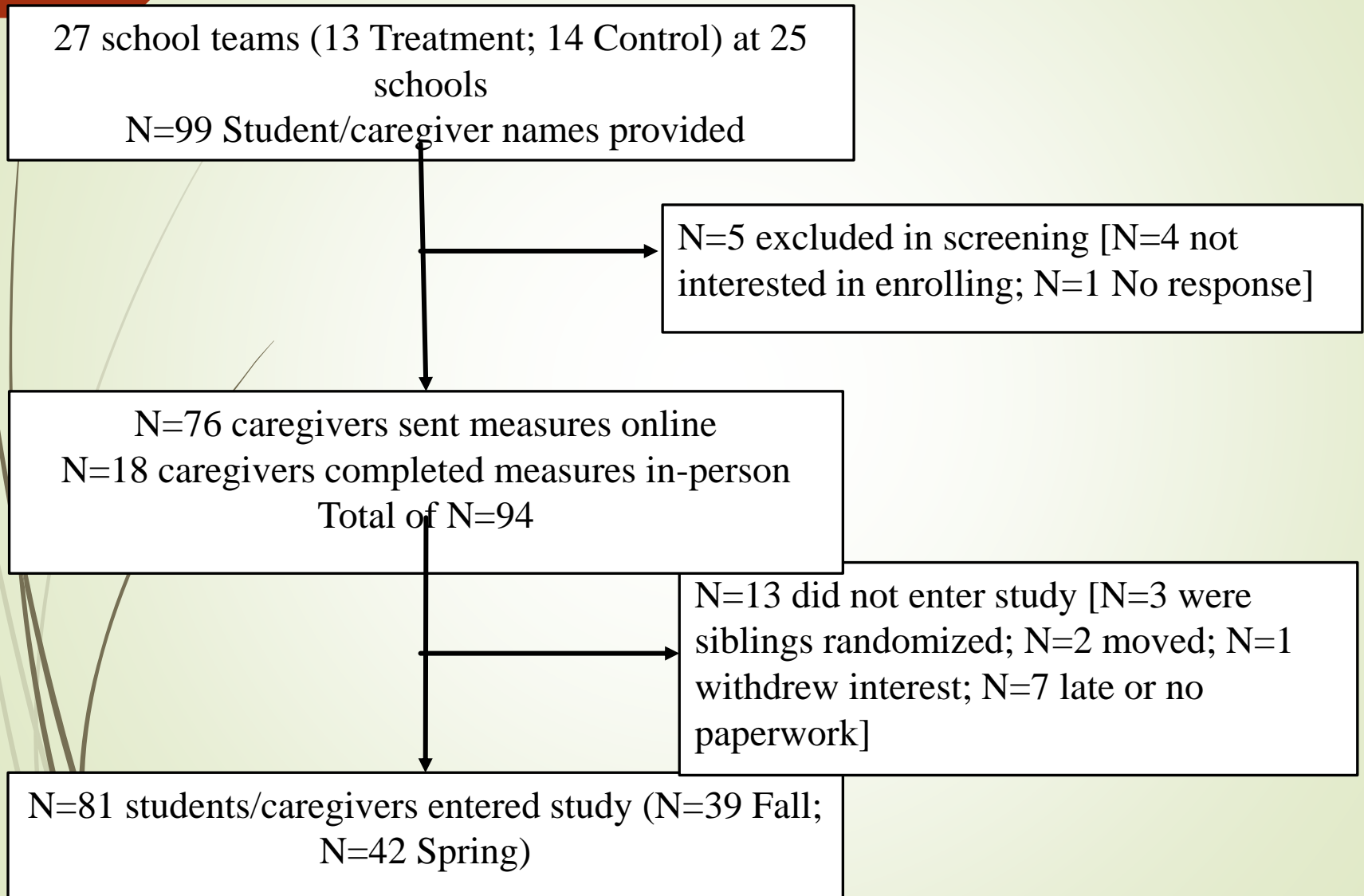
➤ Inclusion Criteria

- Students with ASD or suspected ASD
- Elevations on the Social Responsiveness Scale (SRS-2) (Constantino & Gruber, 2005) (Above T-Score – 60)
- 2nd – 8th grade students
- Estimated IQ above 70
- Interfering anxiety symptoms

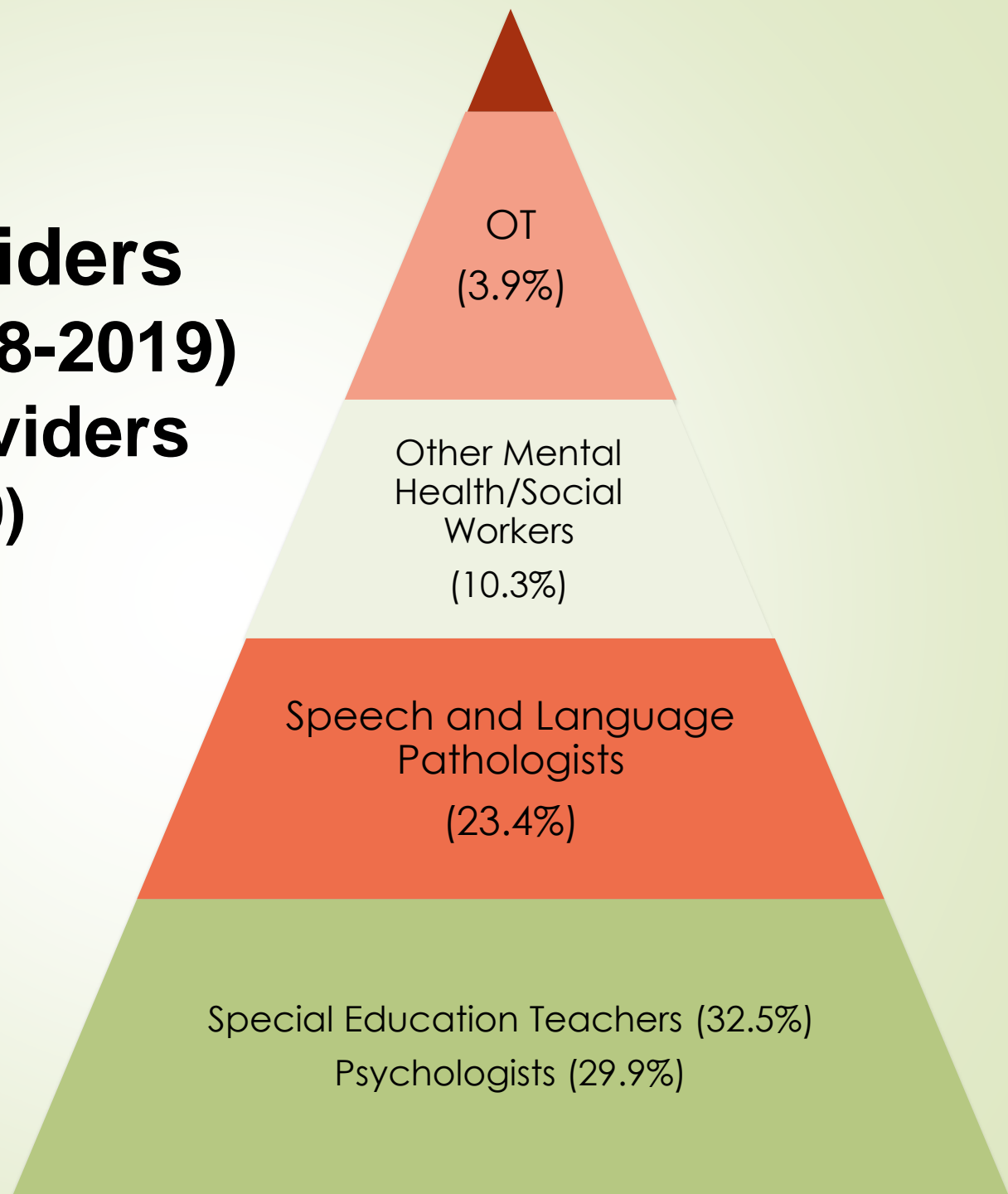
Treatment Outcomes:

- **SCARED (Birmaher et al. 1999)**
- PRAS-ASD (Scahill et al. 2019)
- School Anxiety Scale (Lyneham et al. 2008)
- ADIS-ASA (Kerns et al. 2017)

Expanding FYF-SB across Colorado: Train-the-Trainer Approach



School Providers
14 trainers (2018-2019)
77 school providers
(2019-2020)



IEP Eligibility Designation (n=58)

- ASD: 39.5% (n=32)
- *Learning Disability*: 9.9% (n=8)
- *Language Disorder*: 8.6% (n=7)
- *Serious Emotional Disability*: 8.6% (n=7)
- *Other Health Impairment*: 3.7% (n=3)
- *Developmental Delay*: 1.2% (n=1)

Preliminary Outcomes (RCT)



- Treatment Completion and Fidelity (Adherence)
 - Thirteen fall schools delivered FYF-SB
 - # of sessions completed: 6-12 ($M=10$)
 - 60% of sessions were coded for fidelity
 - Adherence (absence/presence of core components): Range: 76-98% ($M=86.15\%$)

Most school teams were able to deliver the program as intended!

Acceptability Data

► Providers

- “FYF-SB was easy to understand and put into practice” (90% agree/strongly agree)
- “FYF-SB enhanced my ability to manage my students’ anxiety (88% agree/strongly agree)

► Students

- “How much did you enjoy participating in FYF-SB?” (71% very much/the most)
- “Do you feel better after participating in FYF-SB?” (68% very much/the most)

Preliminary Treatment Outcomes - SCARED

- Parent Report (SCARED)
 - **Significant reductions:** Total Score: Panic, separation, social anxiety symptoms
 - *Non-significant:* school anxiety; generalized anxiety
- Student Report (SCARED)
 - **Significant reductions;** Separation and social anxiety improved
 - *Non-significant:* Panic, school and generalized anxiety

Real World Success



- ▶ Using bathrooms at school
- ▶ Walking into the classroom, even when late.
- ▶ Talking to new people; asking for help
- ▶ Going to school and/or after school activities
- ▶ Turning in homework, making mistakes on tests
- ▶ Keeping your video on
- ▶ Using the chat function on zoom

What I Hope You Will Remember



- ➔ MH conditions are common in youth with ASD/NDD, and anxiety is one of the most common
- ➔ There are effective interventions to manage anxiety and emotion regulation in youth with ASD
- ➔ Non-mental health providers can deliver interventions
- ➔ School partnerships may hold the key to access and success



Acknowledgements

- **Organization for Autism Research (FYF: FYF-IDD)**
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- **HRSA: #1R40MC15593A; #1R41MC31075-01-00**
- **Children/Adolescents with ASD and their families**
- **Community Stakeholders**

Thank You!!



Our Panelists:

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