

Successful Programming for Autism and Co-Existing Mental Health Issues

- Capital Area Intermediate Unit #15 Autism Partial Hospitalization Program
- National Autism Conference
 - State College, PA
 - August 8, 2008

Essential Questions

- What types of mental health diagnoses may co-exist with autism?
- What are the skills required for social competency and emotional regulation? What are some of the instructional strategies for teaching these skills?
- How does this current school based partial hospital model coordinate programming for autism and co-existing mental health issues?

Comorbid Psychiatric Disorders in Individuals with Autism

- Accurate, reliable diagnosing of comorbidity important
 - Mental health problems often misunderstood and undetected
 - More specific treatment possible with accurate diagnosis
 - With successful treatment of comorbid psychiatric disorders, educational programming is more effective to meet the core deficits of autism

Comorbid Psychiatric Disorders Difficult to Diagnosis

- Why?
 - ½ individuals with autism functionally nonverbal
 - Impairment in "theory of mind", complex information processing, central coherence, executive functions
 - Question: Are behavior challenges exhibited by students a result of core deficits of autism, life experiences or comorbid psychiatric disorders superimposed?

Assessment of Comorbid Psychiatric Disorders

- Instruments used in general population
- Problem → Differentiating impairments due to comorbid psychiatric disorders FROM impairment due to core deficits of autism

Assessments of Comorbid Psychiatric Disorders

- No "gold standard" tool for diagnosing comorbid psychopathology in children with autism
 - Hence, prevalence rates of comorbid conditions vary
 - Nonetheless, overall high rates of several psychiatric disorders have been reported in a growing body of studies

Frequent Comorbid Psychiatric Disorders

- Anxiety Disorders
 - Specific Phobic Disorder
 - Separation Anxiety Disorder
 - Social Phobias
 - GAD (Generalized Anxiety Disorder)
 - OCD (Obsessive Compulsive Disorder)

Frequent Comorbid Psychiatric Disorders

- Mood Disorders
 - Major Depressive Disorder
 - Bipolar Disorder
- Disruptive Disorder
 - ADHD (Attention Deficit Hyperactivity Disorder)
 - ODD (Oppositional Defiant Disorder)

School Based Partial Hospital Program

- For some students, one-step removed from hospitalization:
 - Housed in a self-contained setting
 - Possibly students last placement before recommendation of hospitalization (acute vs. chronic)
 - Possibly students first placement upon return from hospitalization

Autism/CAPP Program Description

- School age children and adolescents
- Autism and additional mental health disorder
- Difficulty participating in typical social environments such as schools and community activities
- Established history of difficulties with communication, sensory needs and consistently struggle with developing relationships
- Provides individual and group therapies

Criteria for Admission into Autism/CAPP

- School age
- Prevalence of autism and co-existing mental health diagnosis
- Current psychiatric evaluation with diagnosis of Autism and Mental Health
- Parent participation is expected

Individualized Treatment Plans

- Collaboratively developed with community agencies and other MH/MR staff of the county(ies) in which service is provided
- Interagency Service Planning
- Support of Integration into neighborhood or community where he or she lives, attends school, etc.
- Transition to least restrictive environment with mental health follow-up

Mission of Autism Partial Program

- Provide a combination of mental health and educational services to address the unique needs of children and adolescents who have been identified as having an autism spectrum disorder and an additional mental health disorder

Objectives of Autism/CAPP Program

- Reduce number of hospitalizations and changes in programming
- Minimize the number of students in APS and/or RTFs
- Improve the involvement of students in a number of environments
- Empower students to be active in community activities
- Provide continuum of potential support services for students and families
- Combine fiscal resources
- Provide family counseling towards understanding the needs of clients
- Provide medical management

Specific Design of Services

- Comprehensive and fully integrated package of services which includes continuous collaboration and consultation between all team members

Program Team Members

Daily On-Site Team Members:

- Treatment Specialist Mental Health Worker
- Classroom Teacher
- Clients/Students
- Nurses
- Parents (often daily contact via phone with treatment specialist)

Program Team Members

Weekly On-Site Team Members:

- Psychiatrist
- Speech/Language Therapist
- Occupational Therapist
- Program Director of Partial Hospitalization Program/Program Educational Consultant
- CAPP Program Authorization Specialist
- Autism Consultant

Program Team Members

Monthly On-Site Team Members:

- Parents
- District Special Education
- Community Agencies
- Case Management Unit, etc.
- Program Supervisor

Treatment Specialist

- Develop understanding of history, family structure, and student and most crucial areas to target during treatment sessions
- Communicates with families (minimum of weekly contact) to build relationships between the program and the family – At increased level during a crisis
- Collaboration with classroom teacher and the mental health worker to understand the student and develop strategies to address their autism disability with their mental health needs
- Communicates with the psychiatrist regarding concerns about student's mental health states
- Observation of how students are functioning in their current setting
- Daily progress notes

Mental Health Worker

- Implement strategies specific to the identified needs of students including: self-regulation, social communication, executive functioning, ADL's, writing, academic subjects
- Maintain continuity and support daily generalization of skills between therapy sessions and classroom instruction
- Provide visual structure and supports in classroom
- Progress monitoring of goals
- Planning/collaborating with related service providers and treatment team
- Support treatment specialist, student, and family members in dealing with family issues

Classroom Teacher

- Day to day instruction and generalization including: self-regulation, social communication, executive functioning, ADL's, writing, academic subjects, treatment goals
- Provide visual structure and supports in classroom
- Planning/collaborating with related service providers and treatment team
- Progress monitoring of goals
- Paperwork (daily, RR's, IEP's)

Psychiatrist

- Oversight of therapy program/process
- Helping families and staff to understand a client's psychiatric condition, family issues, and how they impact the client's functioning
- Medication management
- Team/clinical supervision
- Evaluations
- Coordination with Medical/Program Director
- Participation in monthly treatment team meetings
- Trainings

Occupational Therapist

- Direct instruction/group instruction for all students in conjunction with staff in teaching self-regulation skills, executive functioning, self-help, activities of daily living
- Reinforce understanding of social concepts that students work on in the areas of social communication skills
- Collaborate and provide consultative support to staff regarding suggestions for generalization of skills
- Ongoing assessment and progress monitoring of skills targeted by staff

Speech/Language Therapist

- Works with team to develop appropriate interventions in the area of traditional speech/language (articulation/grammar) as well as to develop interventions in the area of social cognition
- Provides assessment of speech/language and social communication skills across the school day
- Continually assesses the social communication needs of students and adjusts the programming accordingly
- Facilitates social skills groups where applicable

Autism Consultant

- Collaborate with team and provide support to staff in the form of:
 - Suggestions for direct instruction for students in areas of core deficits of autism
 - Suggestions for research and evidence-based effective practices for autism needs
 - Suggestions of resources, materials
 - Guided practice for staff

The Program Consultant

- Maintain administrative processes/procedures for Partial licensure
- Oversight of program processes/needs including services/paperwork
- Schedule and organize intake meetings
- Participates in interdisciplinary, educational, and treatment team meetings

Mental Health Professional

- Collects data for authorization for all of the managed care providers
- Manages insurance paperwork for students
- Assists with obtaining medical assistance for clients

Students

- Build a therapeutic relationship with staff
- Participate in the program to the best of his/her daily ability
- Identify and understand his/her own strengths and needs
- Attempt to change his/her own behavior based upon identified needs/goals

Parents

- Participate in treatment team meetings, RR/IEP meetings
- Communicate with treatment specialist on a minimum of weekly basis
- Cooperation with program guidelines
- Address family belief systems, strengths, needs
- Collaborate with staff to create consistency, provide limits and follow through at home and within community
- Support generalization of skills into home and community settings
- Share dreams/hopes

Program Supervisor

- Support staff with curriculum, resources, materials, training, and time to provide instruction to meet the specific needs of students
- Evaluations of staff
- Financial/budget needs of program
- Personnel issues
- Implement regulations
- Attend meetings as needed

Skills Targeted

Social Competency:

- Communication (verbal and non-verbal)
- Social Cognition (i.e.: social thinking)

Self Regulation:

- Adjusting your own behavior based upon the message you want to send to the other person
- Regulating physiological, sensory, attention, and motor processes to be able to maintain a calm state

Therapeutic Process

Essential Components:

- Relational
- Systems
- Tools
- Sense of humor!

Instructional Strategies for Social Competency

- Direct instruction in the areas of :
 - Communication
 - Social Cognition
 - Self Regulation
- Self Awareness:
 - Identify strengths and needs
 - Develop self-advocacy skills

Tools for Teaching

Social Communication Skills:

- *Think Social Curriculum, Social Behavior Templates* by Michelle Garcia Winner
- *Social Skills Training and Preparing for Life* by Jed Baker
- *Asperger's: What Does It Mean to Me?* By Catherine Faherty

Tools for Teaching

Emotional/Self Regulation:

- *A Five Could Make Me Lose Control* by Kari Dunn Buron
- *The ALERT Program: How Does My Engine Run?* by Williams & Shellenberger
- *Curved Line/Straight Line Thinking* by Alice Womer and Kelly McAndrew
- *Exploring Feelings* by Dr. Tony Attwood

Successful Programming

- Continuous collaboration and consultation between team members

Treatment Team:

- Targets identified needs during treatment sessions
- Communicates with families (minimum of weekly contact) – At increased level during a crisis

Successful Programming

- Daily, on-site integrated support of treatment specialist, mental health worker, classroom teacher
- Ongoing communication between treatment specialist and psychiatrist regarding concerns about student's mental health states

Successful Programming

- Psychiatric support provided weekly:
 - Oversight of therapy program/process
 - Medication management
 - Team/clinical supervision
- Regularly scheduled meetings:
 - Weekly staff meetings
 - Monthly treatment team meetings

What Do Students Have to Say?

Q=How has this program helped you?

- **T's A=** "What would I do without this school because it helped my parents and me."
- "It helped my parents learn that I need limits. It helps kids learn so they don't have to be hospitalized."

What Do Students Have to Say?

- **T's A=** "When I don't have any limits set on me, I get caught up in my ME World. My head just goes crazy and I feel like I can do whatever I want and I just can't stop!"
- "I learned this year that I don't need to get everything I want when I want it."
- "I learned more about my disability and new strategies to overcome my problems."

What Do Students Have to Say?

Q=What would you tell parents who are thinking of placing their child in this program?

- **T's A=** "This program is going to help your child."

Q=Was there anything about his program that you really stood out for you?

- **T's A=** "Cooking, special lunches, and swimming program"

What Do Students Have to Say?

Q=Was there anything about his program that really stood out for you?

- **D's A=** "Walking the therapy dogs, earning YuGiOh cards" (through the classroom behavior management system)
- **A's A=** "The dogs!, Movement. We do lots of fun projects in Science (hands-on). You will learn a lot about hygiene at our school. It helps my family understand my issues."

What Do Students Have to Say?

Q=How has this program helped you?

- **S's A=** "I wasn't learning anything in my other classroom. I'd never be this far along if I hadn't come to this program."
- "The family meetings are an important part of the program."
- "I feel like I'm acting a lot better than I used to and I am more able to talk through a problem."
- "This year I have not had any big 'blow ups' and have not been hospitalized for the first time."

What Do Parents Have to Say?

- T's Mother: "Thank you so much for everything that you have done for my me and my son. He has made more progress this year than he has in the last seven years."
- D's Mother: "D. is so proud of himself, his chest is all puffed out because he has never been this successful in school."