

**Setting the Stage:  
Provider Practices to  
Improve Mental Health  
Treatment for Individuals  
with Autism**

Presented by:  
Sharon Hammer, MS,  
LPC, Educational and  
Behavior Consultant

Lisa Hoeme, MS,  
LPC, Educational and  
Behavior Consultant

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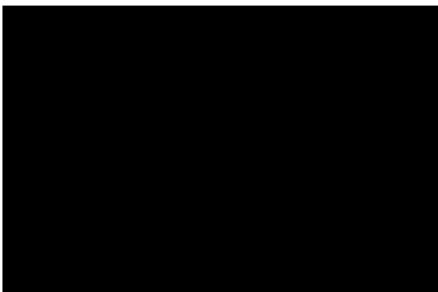


imagine a child's capacity, llc

Our background...

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What we believe...



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Our language today

- Person with Autism / Autistic Person
- Self-Soothing / Self-Stimulatory Behaviors

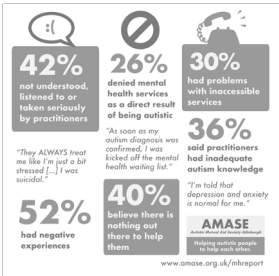


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We **MUST** listen to autistic people...



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<b>42%</b> not understood, listened to or taken seriously by practitioners	<b>26%</b> denied mental health services as a direct result of being autistic	<b>30%</b> had problems with inaccessible services
<b>52%</b> had negative experiences	<b>40%</b> believe there is nothing out there to help them	<b>36%</b> said practitioners had inadequate autistic knowledge

AMASE  
Helping autistic people to help each other  
www.amase.org.uk/mhreport

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WHAT DOES YOUR THERAPIST DO THAT IS HELPFUL FOR YOU?

- "My therapist talks to me directly even when my parents are in the room."
- "My therapist writes down important things on paper for me to take home with me"
- "My therapists ALWAYS uses the dry erase board."
- "My therapists helps me create talking points on paper, like notes for me to use when needed."
- "When conversations are intense, we use YES, NO, MAYBE cards that I touch to show my answers."
- "My therapist chooses her words carefully."

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Just because someone has Autism does not mean they need mental health treatment.

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Autism Specific Stressors That Can Impact Mental Health

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Fewer Buffers

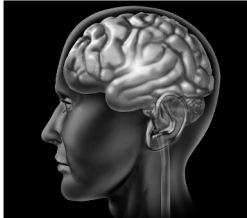
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Masking

"The brain is a power hungry organ. Masking is tiring. An autistic person who is focusing all their energy on not stimming, not making noises, not making the wrong face, trying to figure out when to talk, thinking about their posture and wondering if it is correct, trying to figure out facial expressions, trying to filter out background noise and follow a conversation. Burning up lots of mental energy. Masking from time to time probably won't hurt most people but continued masking, without rest, day after day, continually draining extra energy adds up."  
- Christa Holmans

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Autistic  
Neurology and  
Trauma



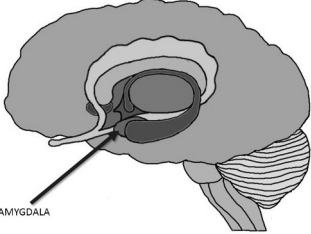
•(the autistic brain)...“Is primed for the trauma response”. - Cox

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Larger and denser amygdala

o (Chen, Jiao, Herskovits, 2011)  
o (Schumann, Barnes, Lord, & Courchesne 2009)

The autistic brain is more responsive to sensory data it perceives as dangerous.



AMYGDALA

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Co-Occurring  
Diagnoses

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"Often, little time is given to addressing the anxiety, depression, and internalized shame of being a member of a stigmatized neurotype. Particularly lacking is advocacy work around teaching neurotypical people how to better meet neurodivergent people."

•Finn V. Gratten (2020)

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How common is it for an autistic person to also have a diagnosable mental health concern?

**70%**

- According to the DSM-5, 70% of individuals with autism meet criteria for a mental health concern.
- DSM-5 allows for, and encourages, dual diagnosis when appropriate

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**First Ask...**

When do we wonder about the presence of a co-occurring condition?

- Is the Autism being supported in all areas?
- Are we supporting the underlying neurology?

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Issues with diagnosing

Psychiatric diagnosis is only beneficial if it helps the individual to access treatments and resources, or as part of a journey of self-discovery, self-awareness and self-acceptance.

The way the autistic people respond to diagnostic questions may complicate the diagnosis process. Questions may be taken too literally on a Likert scale.

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When do we wonder about the presence of a co-occurring condition?

- Symptoms fall outside of the core features of autism
- When there is noticeable (and sometimes sudden) change from baseline
- When the therapeutic interventions being implemented are not improving the symptoms
- Person is expressing symptoms that seem to align with another diagnoses

Autism Spectrum Disorders: A research review for practitioners, edited by Sally Ozonoff, Sally Rogers, Robert Hendren, 2009

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Anxiety Disorders

Between 25-84% autism also have anxiety. Baron 2006

- Anxiety disorders occur at a higher prevalence among children with ASD than typically developing children, affecting approximately 40–55% of youth with ASD [1, 2].
- The most commonly diagnosed anxiety disorders among the pediatric ASD population:
  - Specific phobias (30–44%)
  - Obsessive-compulsive disorder (17–37%)
  - Social phobia (17–30%)
  - Generalized anxiety disorder (15–35%)
  - Separation anxiety disorder (9–38%)
  - Agoraphobia (1–17%)
  - Panic disorder (1–2%)

Brittany M Rudy\*1, Adam B Lewin1 & Eric A Storch1

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How is anxiety expressed by people with autism?

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Other Diagnoses that can often co-occur

- Tic Disorders
  - 22% (Roberto Canitano and Giacomo Vivanti, Autism 2016 11:1, 19-28 )
- ADHD
  - 30 and 50% of individuals with ASD manifest ADHD symptoms (particularly at pre-school age)
  - Estimates suggest two-thirds of individuals with ADHD show features of ASD
  - Davis and Kollins, 2012

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Other Diagnosis that can often co-occur

- Depression
  - 20%-commonly missed (Rai, et al 2018)
- Suicidality
  - 2/3 of young adults, 14% of children (Cassidy, et al, 2014)
- Psychosis
  - 3 in every 100 autistic people
  - Zheng Z. et al. (2018)

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Differential Diagnosis Example: Obsessive Compulsive Disorder

- Can be very difficult to assess and differentiate
- Critical feature of OCD: Compulsions are driven by fear and may provide "temporary" relief but obsessions will come back stronger the longer the cycle continues

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Obsessive Compulsive Disorder


- Self-soothing/stereotypical behaviors may look similar to compulsions present in OCD but often are calming or enjoyable for the person
- For both OCD and Autism, the individual may become distressed if they are prevented from completing the ritual or compulsion
- We should not use the word "obsessed" if the activity is enjoyable.

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	<b>Autism</b>	<b>OCD</b>
Example: Wearing the same shirt everyday...	<ul style="list-style-type: none"> <li>• I love this shirt!</li> <li>• It's my favorite!</li> <li>• It is the only shirt that feels good!</li> </ul>	<ul style="list-style-type: none"> <li>• My mom will get in a car crash if I don't wear this shirt.</li> <li>• This shirt protects me from germs.</li> </ul>

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	<b>Autism</b>	<b>OCD</b>
Example: Flipping a light switch on and off	<ul style="list-style-type: none"> <li>• Enjoy the sensory feedback of lights going on and off</li> <li>• Exploring cause and effect</li> <li>• Create a sense of predictability</li> </ul>	<ul style="list-style-type: none"> <li>• Need to flip it on and off a certain amount of times to prevent a house fire</li> </ul>




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Knowing your client's autistic neurology – implications for treatment

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Storing and retrieving of information




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**Visual Thinking**

Visual thinkers - (Frith and Happe, 1999, Grandin 1996, Willey 1999)

Information may not be stored verbally

Tony Attwood reported a person that had no way of storing verbal information at all



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Underlying meanings might be left unexplored

May not share information that is not directly asked

Implication of this is that less-directive counseling methods may not be as effective

**Literal Thinking**

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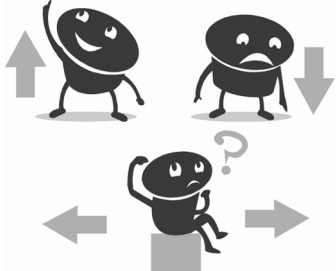


**Concrete Thinking**

So much of typical mental health treatment is abstract

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**Access Differences**



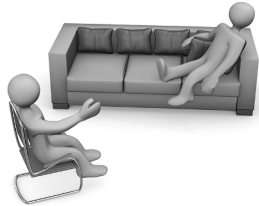
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**Setting up for Treatment**


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**Past experiences**

- Unsuccessful treatment
- Asked to leave treatment spaces



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**Schedules**

- May need to be same time every visit
- If changes need to occur
  - Foreshadow
  - Make it visual
- May need a schedule for what will occur during the time within a visit

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**Treatment Space Considerations**

- Quiet
- Noise blocking
- Comfort
- Routine
- Fidgets
- Lighting


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**The Therapeutic Relationship**

- May need to teach expectations around this
  - What therapist needs to know
  - Rules around appointments
  - When to make a phone call
- Make it visual



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**Timing**

- May require longer time to process new information
- Shorter sessions
- More practice

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**Questions**

- ⊙ Limit open ended
- ★ Multiple choice
- ✓ No right answers

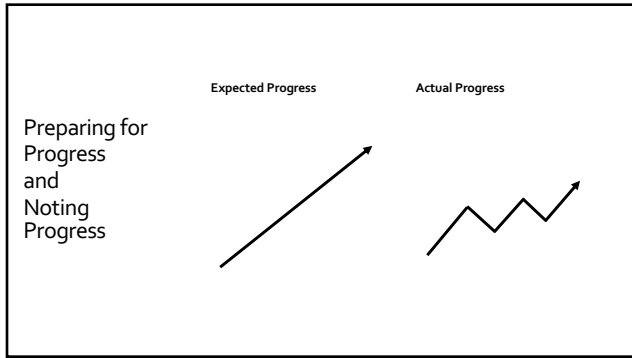
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**Having Notes and "Homework"**

- Useful for generalization (Aston 2003)



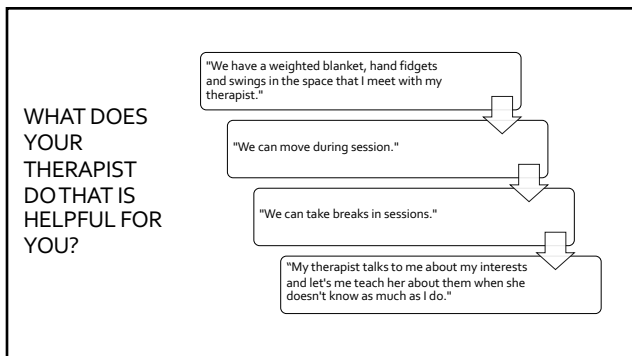
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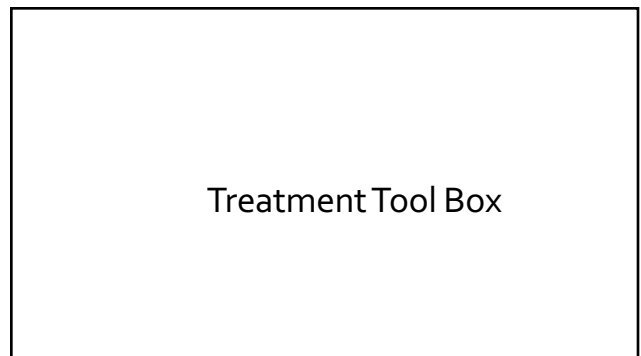
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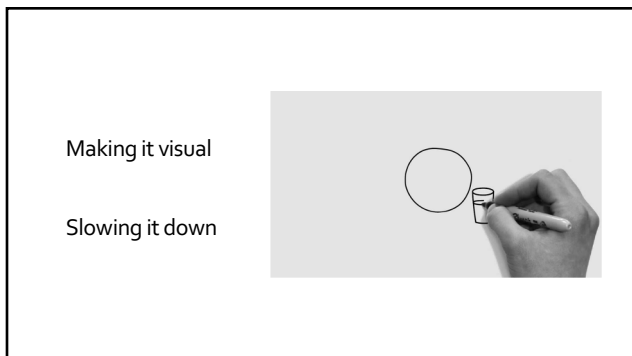
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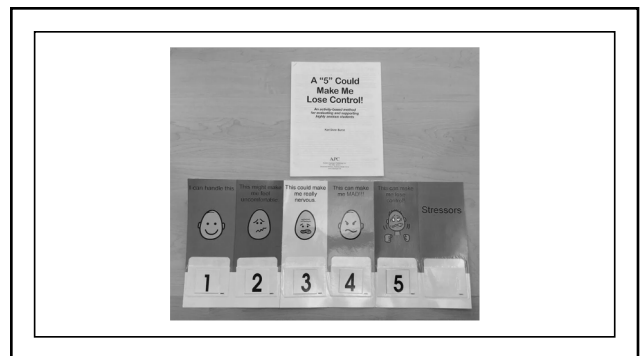
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•"On a Scale of 1-10 how are you feeling today?"

Visual scale

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Visual support

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Comic Strip Conversations

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Acting it out

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Using special interests

53

Social Stories™ and Scripted Stories

**Social Networking Safety**

The internet can be a great place.

- I can find information, have fun, and connect with friends.

There are a lot of people on the internet that I do not know.

- These people are called strangers.

Not all strangers are friendly. Some strangers may want to hurt me.

To be safe, I will follow some basic guidelines

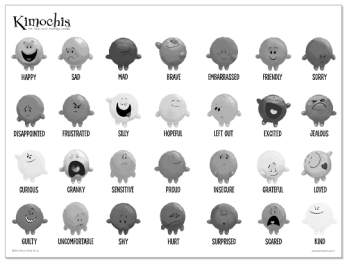
1. I keep all of my personal information private. This means I do not post my picture or give away my address, phone number, or the name of my town or school.
2. I never meet with online strangers in person. If someone asks me to meet in person, I will ask to see a picture before I go.
3. If someone sends me an email, picture, or message that makes me feel uncomfortable I will tell an adult right away.
4. I will avoid posting pictures, jokes, and other messages that could be thought of as sexual.

I do not want anyone to hurt me. That is why I will use the Internet safely. It is an important part of my life. I will always remember to stay safe when I am having fun using the internet.

<https://socialsafety.wordpress.com/stranger-danger/educationalopportunities/>

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Emotions Dictionary



<http://nehabe.codeemperor.com/emotion-charts/>

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Video Modeling




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Examples from our practices...

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Scavenger Hunts



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Containment


- How this might usually look...



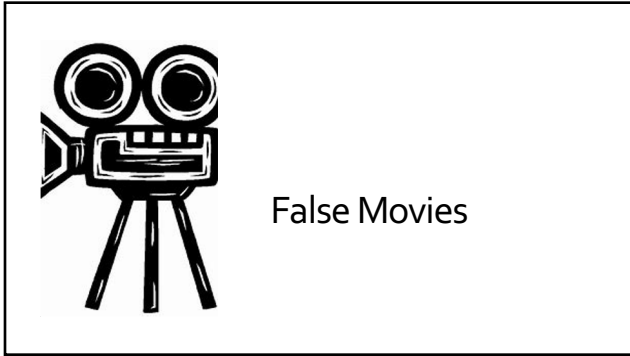
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How it looks...

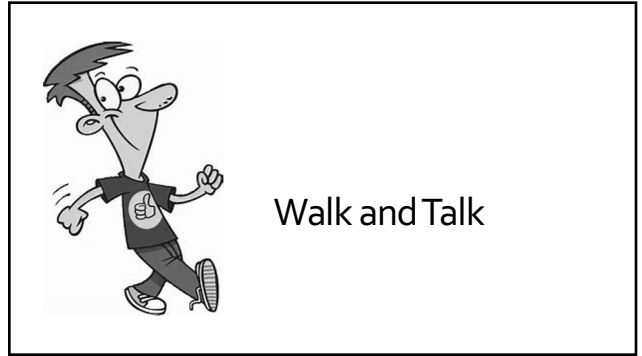
- Neutral stimuli
- Repeated practice with neutral stimuli
- Very specific steps required
- Able to visualize where the "pictures" will go



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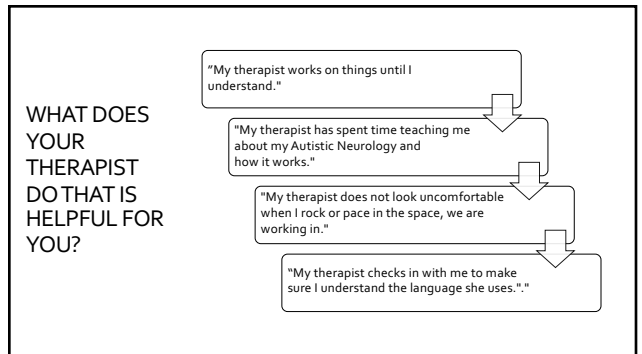
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imagine a child's capacity, llc

THANK YOU!!!

Sharon Hammer  
Shammer@icc-wi.org

Lisa Hoeme  
Lhoeme@icc-wi.org

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