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Helping Adolescents Navigate Mental Health and Social Thinking Challenges

1. What is an example of a “red flag” that an adolescent with ASD is experiencing a mental health challenge?

- A. The "excessive talker" is being very quiet
 - B. Life circumstances have shifted at home
 - C. There are frequent crying spells or angry outbursts
 - D. All of the above
-

2. Which of the following students is showing signs of a mental health challenge that should be investigated further?

- A. Student broke leg and has been crying about it for a few days
 - B. Student has been fighting with a friend over repeated negative interactions
 - C. Student has been wearing shorts for a few days even though it's winter, and is having difficulty working through problem solving it
 - D. Student is not speaking with mom because she canceled a weekend trip due to wanting him to raise his test scores
-

3. What is one way an SLP can differentiate between a mental health challenge and a social challenge for a student with ASD?

- A. At the beginning of the year, have the student complete an inventory on triggers and solutions
 - B. Ask parents if they think it's a social challenge
 - C. Give a student different roles in group sessions
 - D. Ask the student's peers if they've noticed a mental health problem
-

4. Which of the following is NOT a strategy for working on social thinking and mental health challenges with individuals with ASD?

- A. Have the student make a list of their mental health problems
 - B. Work on building trust before initiating activities
 - C. Assign the student a peer mentor role to another group
 - D. Explain the hidden rules of bullying
-

5. When working on mental health with a student who has ASD and is facing challenges, it is important to:

- A. Teach them how to advocate when they are feeling extra anxious or sad
 - B. Administer parent questionnaires to determine how the student is doing at home
 - C. Stay in constant contact with all related service providers
 - D. All of the above
-

6. Which of the following strategies should be included when working with a student who is confronting a mental health challenge?

- A. Let the student share stories from his/her personal life
 - B. Increase pressure on the student for improved performance
 - C. Work on clinician-centered goals
 - D. Always use a rigid behavior management system
-

7. Which of the following would suggest a student with ASD may be in a crisis situation?

- A. The student has spent most of the session interrupting peers with topics of death
 - B. The student has threatened a peer in a social group that he/she would like to “blow him up”
 - C. The student said that when he gets home he would like to use a knife
 - D. All of the above
-

8. If a student with ASD is in a crisis situation, what should you do?

- A. Review a problem-solving/perspective taking model to figure out the situation
 - B. Facilitate a peer discussion in the social group to deescalate the crisis
 - C. Contact the guidance counselor, collaboratively work with principal and call 911
 - D. Ask the social worker about CBT techniques
-

9. When discussing a student's mental health, it is important to:

- A. Promise the student that everything will be ok
 - B. Call upon a similar experience that you went through
 - C. Show empathy and don't offer false promises, while being cognizant of literal thinking
 - D. Tell them they just need to move past the issue
-

10. If a student with ASD is dealing with a mental health challenge, the student is likely to:

- A. Be more engaged in social thinking groups
 - B. State that there is a mental health problem
 - C. Join an after school sports club
 - D. Need things repeated in order for information to be clearly understood
-



Helping Adolescents Navigate Mental Health and Social Thinking Challenges

Sharon Baum, MA, CCC-SLP

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Helping Adolescents Navigate Mental Health and Social Thinking Challenges

Sharon Baum, MA, CCC, SLP

continued[®]

Learning Outcomes

After this course, participants will be able to:

- List 3 red flags indicating a mental health challenge or crisis in students with ASD.
- Describe at least 3 ways to work simultaneously on a mental health challenge and social thinking skills.
- List 2-3 ways to manage a mental health crisis an adolescent may be experiencing.

Mental Health Overview in Adolescence

- A mental health challenge is: “Anything that Impacts a Student’s Ability to Live, Laugh, and Learn”

(Thrive NYC Mental Health First Aid Training,
1/22/18)

continued

- 20 percent of youth ages 13-18 experience severe mental disorders per year (Substance Abuse and Mental Health Services Administration Program)
- Suicide was the second leading cause of death in 2016, ages 10-34
- One-half of all chronic mental illness begins by age 14 (Kessler, R.C., et al. (2005)

continued

- Adolescents often withdraw from parents
- Naturally become more private
- Concern: extreme privacy and withdrawal from everyone
- Those with developmental disorders, including ASD and intellectual disabilities are at a greater risk

continued

“Approximately 70% of the autistic population has at least one, if not multiple, co-occurring mental health issues...numbers might be higher in adults, as social anxiety and depression often emerge during adolescence and are more common in adolescents with autism than in those with other types of disabilities.” (Roux and Kern’s, 2006: Autism Society).

continued

Gender is important to think about:

- Girls are seeking out friendships more
- “Internalizing can lead to anxiety and depression” (Invisible Girls, ASHA Leader)
- Girls are trying to blend in more, and appear shy
- Media casts characters who are “male,” “nerdy,” and “single” (taken from ABC first account)







continued

Social Challenge vs. Mental Health Challenge

- Must learn to differentiate between a social challenge and a mental health challenge
- Individual knowledge is key - know our students triggers prior to starting therapy (collaborate, collaborate, collaborate!)
- Our SLP intuition
- Questionnaires at the beginning of the year: inventories about coping and problem solving

Q3

Social vs. Mental Health Challenge: Example of Trigger-Solution visual

Student X	Class X	Date		
TRIGGER 1 	Other student being loud	<u>The way I cope</u> 	Put my hands over my ears, sometimes yell	
TRIGGER 2 	People correcting me	<u>The way I cope</u> 	I correct them correcting me	Tell them to stop being bossy
TRIGGER 3 	Being interrupted while I'm speaking	<u>The way I cope</u> 	I tell them that I am in the middle of speaking	Sometimes I bang my hands on the table and tell them to shut up

Visual 1: Let triggers and coping mechanisms help you understand their underlying challenges and triggers

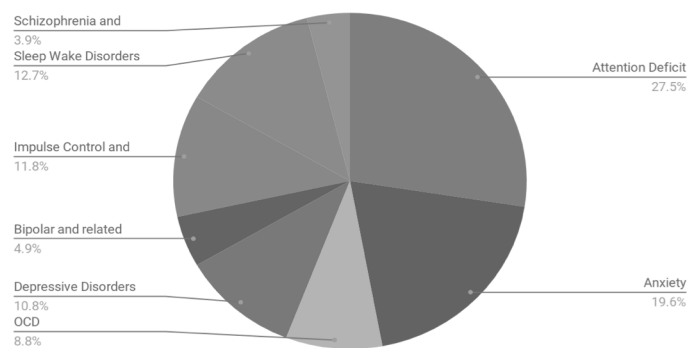
Comorbid challenges with ASD

According to NIMH:

- Irritability
- Hyperactivity
- Suicidal thoughts
- Anxiety: social isolation (Roux and Kern, 2016, Drexel University)
- Depression
- PTSD
- OCD more common: differentiate between repetitive interests

Comorbid challenges with ASD

Percentages of Mental Health Challenges and ASD (Adolescence)



Visual 2: According to Spectrum News: Attention Deficit and Anxiety occupy the largest space

continued

Trauma/ PTSD and ASD

- This is important to pay close attention to due to the history of our students
- PTSD has not been shown to be more prevalent - however expressed differently (Kerns)
- due to being ostracized, teasing etc. - (Golan) - predicts PTSD more prevalent based on this than the standard combat /war
- connecting the two: no established treatment for both
- Females vs. males
- Ineffective treatments over years

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- Be on alert for life circumstance changes: especially difficult for those with ASD
 - Financial troubles, Parent's divorce, Moving from their house
- Be extra vigilant with a student who expresses anguish consistently
 - Frequent crying spells, anger outbursts etc.
- Has the communication style shifted?
 - Is the ASD student who had trouble monitoring verbal interruptions now showing a consistent reserved nature?
 - Is the ASD student who is normally very reserved now speaking for long periods of time and very animated?

Q1, Q2, Q10

continued

How to work with
ASD and Mental
Health Challenges
Simultaneously:

Visual 3: TRUST is a
key factor: viewing
work with our
students as a team



Achieving Results

Working Through
Conflict

Commitment

Accountability

Developing Trust

- Empathy is Key
 - Students with ASD especially feel that they are not being “heard”
 - Report they keep hearing the same mantra
- DON'T SAY:
 - “Just ignore it,” or “I get exactly what you are going through, that happened to me two years ago,” “You’ll get over it. You’ve just got to deal with it.”
- Literal Thinkers
 - False promises are going to exacerbate the issue

Q9

Video

I interviewed a 7th grade student with ASD who has been in our NEST program since last year:

NEST is a collaborative program designed to help students with ASD develop their social thinking to better access the curriculum. Barry Prizant (author of Uniquely Human) has mentioned that one of the key evolvments in treating individuals with ASD is that they are speaking up more for what they and their peers need. Watching this video makes us aware of how they feel we can better help them through struggles, including a mental health challenge or crisis.

Key points made in the video:

- Group vs. individual
- Social thinking vs mental health
- Learning to accommodate needs can make a big difference and build up confidence and success
- Study each individual and their patterns in order to know when the student's pattern is changing

continued

Hidden Rules that Can Mitigate Negative Mental Health Responses

- “Someone who wants to be your friend will usually stand up for you if they see you in distress because of someone else.”
- (This is a good segway to explaining “bystanders.”)
- “If someone wants to be friends with you, they will not try to take things from you without giving you anything in return.”
- “If someone wants to be your friend, they will not join in when others are making fun of you, even if they weren’t the one to initiate it.”

continued

- Mindfulness exercises to help with trauma and current conflicts (ie. headspace) - know your student - some may roll their eyes!
- Trauma-sensitive yoga (David Emerson)
 - Focuses on NOT telling student what to do but they giving them options/no authority figure
 - Letting students express what is going on in their bodies/helps indirectly teach emotional regulation

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- Don't put too much pressure on improvement, let student work at their own pace in SLP sessions (especially social groups, which can be high pressure)
- Keep things fun: Different types of fun (<http://pebbleshoo.com/3-types-fun/>)
- Keep a sense of humor (some of our ASD students actually like sarcasm!)

continued

- Center treatment around them
- Let them share stories from their life and culture (multi-purpose) even if it's "interrupting others"
- Behavior management system may NOT be effective: intangible rewards could be more effective (ie. create a purpose!)

Q6

continued

Identifying a Crisis and Collaborating

- Is death coming up a lot either in visuals or in conversation/writing?
- Sleeping patterns, drugs/alcohol?
- Are there any statements being made about harming themselves or others?
- This is NOT just a challenge, this a crisis, and must be treated like an emergency - speak to the counselor immediately and discuss the action plan

Q7

continued

ALWAYS....

- Speak to guidance counselor or school psychologist if there is a red flag
- Include teachers and other providers perspectives which may be different
- Parents may be hesitant - don't give up
- Parent meetings can be very effective
- Don't forget to stay in contact with any outside services
- Always be aware (as much as is in your control) about changes in their home environment

continued

Case Study

A 7th grade male, age 13, who has a diagnosis of Autism has been very quiet during SLP sessions. His typical profile reflects a student that is very interactive with peers, has trouble monitoring speaking time and allowing others to change the topic centered away from his own interests. For the last few weeks, he has not been initiating conversation. His body language is turned away from his peers usually. When asked questions, he often says "I don't know." He often interrupts conversations with random comments related to death and then remains quiet for the rest of the session. A friend of this student has explained that his mother just got a new boyfriend and that he despises this person. It has been reported by a teacher that his 15 year step sister who had been living in London with his father has just returned home. What do you do first? What are some obstacles that you may have in trying to help this adolescent and how may you collaboratively overcome these obstacles?

Observations indicate:

There is a suspected mental health struggle: he has shifted from being interactive to being socially withdrawn and consumed with death. Also, it's important to note that there has been a major life shift, and for any adolescent transitions are hard - they are especially brutal for those with ASD. Therefore....

continued

Step number 1: Speak to student

Step number 2: After assessing for harm (Action A), ask the student if he/she is ok?

Step number 3: Speak to social worker or guidance counselor to discuss

Step number 4: Convene with parents to discuss changes/transitions that may be affecting the child

Step number 5: After collecting all of this information, continue to monitor the situation collaboratively to avoid a crisis.

continued

References

- See PDF