Helping Adolescents Navigate Mental Health and Social Thinking Challenges
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- [Jessica] Welcome to today's session, Helping Adolescents Navigate Mental Health and Social Thinking Challenges. Our presenter today is Sharon Baum. Sharon Baum is a speech language pathologist in the New York City Department of Education and provides services in the ASD NEST program, as well as privately in the clinic setting and homes. She is also a freelance writer and has published by the ASHA Leader. She supervises interns, currently teaches a diagnostic evaluation course at Pace University's graduate program, and loves sharing ideas with colleagues and students. She completed her MA in speech language pathology at CUNY Lehman College and is obtaining her SBL/SDL at CUNY Hunter College. Sharon is currently a member of ASHA 617, Global Issues in Communication Sciences and Related Disorders, with a high interest in mentoring and collaboration. Thank you so much for returning to speechpathology.com, Sharon. At this time, I'm gonna turn the mic over to you.

- [Sharon] Hello everyone, so my name is Sharon Baum, and I today will be discussing with you how we can better help adolescents navigate mental health and social thinking challenges. As a member of the NEST program for the last eight years, something that I've noticed coming up over and over again is that many of my students with ASD were also struggling with mental health challenges. So my job became collaborating with other professionals to figure out how to address both needs at the same time. The learning outcomes for this course, is a list of three things. So after this course, participants will be able to list three red flags indicating a mental health challenge or crisis in students with ASD, describe at least three ways to work simultaneously on a mental health challenge and social thinking skills, and list two to three ways to manage a mental health crisis an adolescent may be experiencing. I attended a Thrive New York City Mental Health Training, and this was in January of 2018. What was great about it is that I was able to really learn a lot about adolescents and mental health, but then use strategies from this to apply to my individuals with ASD. Basically, it was summarized as this. It seems really simple, but a mental health challenge is "Anything that impacts a student's ability "to live, laugh, and learn." Now

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that seems very simple in nature, but when we think about our adolescents, they come to school as students, and they're basically trying to learn and live their lives. When there's something impacting this ability to come to school, and learn, and just enjoy, then we have to kind of dig deeper and figure out the why. So, even though it's a simple statement, it's something that spoke volumes to me, because I realized that many of my students were coming in with difficulties that were impacting their ability to just simply learn and laugh with their peers.

The statistics are staggering because, in general, 20% of youth ages 13 to 18 experience severe mental disorders per year. This is according the Substance Abuse and Mental Health Service Administration Program. Also known as SAMHSA. What's even more staggering is that suicide was the second leading cause of death in 2016, ages 10 to 34, which since then has just grown. That's where crisis comes in and that's where we really have to come in because the suicides are increasing, and some of it because we just don't know when a student is on the verge of ending their life.

Then another key thing to think about as it applies to all our adolescents and specifically our ASD students is that one half of all chronic mental health illnesses begin by age 14. Which means that that's a big deal because many of our students come in when they're maybe 11, some even 10 in sixth grade, 12, 13, and it may not be apparent right away. Sometimes it evolves and develops and then they are 14 years old and we start seeing things maybe even at 13. Just because someone doesn't present with this right when we start seeing it, this is something that can develop and evolve over time. A lot of parents over the years, especially parents of my ASD students have been concerned with their children withdrawing from them. I've had to tell a number of them, "You know what, don't worry about it "because this is typical adolescent behavior. "They don't want you so involved in their lives anymore, "they don't necessary even want me that involved "all the time." I've had feedback from parents over the years say, "They're talking to you, they're not talking to me. "Why are

they being so private?" That's natural, that's common and that's just something that adolescents experience as they navigate their adolescents. However, when there's extreme privacy and withdrawal from everyone. Where people feel like the individual's becoming super private, not sharing really anything about their lives with anybody else. That is call for concern. What's even more important is that while adolescents are at a greater risk clearly, those with development disorders including ASD and intellectual disabilities are even at a greater risk. So we take this risk and now it increases into the ASD population.

This number's important because approximately 70% of the autistic population has at least, if not one, they could have even multiple co-occurring mental health issues. This only increases with age. We see this is emerge in adolescents and if we don't nip it in the bud it could really implode and as they navigate their adolescents into adulthood, it could just become bigger and bigger. This is why we have to keep in mind that there may be mental health issues going on and it may not be one, it may be multiple mental health issues. We have to really think about that. Now gender, gender is something that is a really big deal to think about and it's something that I actually have witnessed many years working with individuals with ASD.

In fact, for a number of years in the program that I've worked in, the NEST Program, you took a look around and we always asked each other, "Where are the girls, where are they?" We were wondering what's going on with these girls, we don't know where they are, but we're not getting many females in our program. Then we were thinking, oh maybe it's because they're not being diagnosed as much. Maybe there is less of a prevalence amongst girls. Maybe girls are just not as likely to develop autism, but then as time evolved and we started reading the literature more. We started noticing that actually girls do have autism and sometimes it may not be as often as men, but it does appear, but girls know how to hide it better. Girls are trying to blend in more and therefore they may appear shy and reserved ultimately. So we may miss it. A lot of

times these girls develop eating disorders, they develop anxiety disorders because they're trying so hard to fit in and later I'll talk about even developing trauma. I think the media is actually a big part of it because I think that the media really speaks to us in a way where they kind of are a little biased again women in the autism world. Typically casting the Sheldon's of the Big Bang Theory, the male nerdy, single guys who are still living at home and don't often take into account the girls that are present. That really impacts our notion and even maybe creates bias when there's this diagnosis process going on.

More recently the good news is is that girls are becoming diagnosed a little more frequently and even in the ASHA Leader there's been an article recently that's been posted called Invisible Girls, which mentions that the internalizing can lead to anxiety. Girls are more likely to blend in and ABC has actually developed a show recently that talks about girls who developed into adults and found out they had autism and how they're dating. The media is changing also its bias a little bit, which is good news for the girls. Now where we come in is we're social thinking advocates, we are speech pathologists who work on pragmatic language.

So our ultimate goal is to improve the social thinking, this pragmatic language and in so doing, we have to differentiate between a social thinking challenge and a mental health challenge. Now they may be happening at the same time but we also have to learn how to differentiate it because some times we may be quick to assume that something is mental health challenge when really it's a mental health challenge. In order to do this our intuition really guides us as a speech language pathologist. Our experience guides us, but we have to understand that sometimes it may appear that a student is struggling with mental health because they're isolated and withdrawn and not engaging with their peers. Maybe even having meltdowns which is causing sadness but really this could be a social thinking challenge in which they have difficulty engaging with their peers and making friends. Basically it could be that that could be

part of the problem and that's why questionnaires are super important because questionnaires in the beginning of the year can help with thinking about the inventories. We take inventories about our students in the beginning of the year and through that we can figure out patterns. These patterns will help us later on think if this person is experiencing a mental health challenge versus a social challenge because those patterns may be embedded in them in their social thinking and therefore they're experiencing their social thinking challenge and those triggers are coming up in the form of a way that looks like a mental health challenge. So, patterns are the key in terms of this. Picking up where we left off, sorry about that technological difficulty. The questionnaires at the beginning of the year are key because these questionnaires give us ideas about patterns and trigger events that can cause problems. In which we have to think about solutions.

That way we can get a better handle on whether or not it's a social challenge or a mental health challenge. This is a visual that has helped me. I came up with it with my students to try to help them figure out those triggers and coping mechanisms that they're using in order to understand each individual student better in terms of what's triggering them and also how they're coping with this.

The reason why I have done this is because I wanted to individualize these triggers and figure out if there are specific triggers that are coming up over and over again, but also I wanted to figure out, "Hey these social thinking "or these sensory challenges, are they things "that are coming up over and over again?" And if so, we are gonna work through them, but that doesn't mean that's a mental health challenge if the person reacts to this. Of course if this reaction continues over a series of time it can lead to a mental health challenge, but this is something that we have to take with us throughout the year and be mindful that challenges and triggers will change based on context. Our students are adolescents with ASD are not exposed to every situation possible so as context changes, different situations will come up that will change their triggers based

on what situation they're in. This example was a trigger could be for the students specifically was another student being loud, and the way the person coped was putting their hands on their ears and sometimes yelling. Sometimes yelling turned into screaming, which turned into getting really, really angry. Then people correcting with another one. Then when someone corrects this individual he ended up saying that he copes by correcting them after they correct him, and even telling them to stop being bossy. Then trigger three for this individual was being interrupted while he was speaking and the way he coped with this was telling them that he was in the middle of speaking. Or even sometimes putting his hands on the table and telling them to shut up. Now this is one example, but these triggers and these coping mechanisms have helped me and guide me through this.

However, it's a collaborate process because our students, a lot of them are not necessarily gonna be self aware of exactly what their trigger is because they have trouble with problem solving and figuring out what the problem was that led to the reaction. Ultimately this is something, a tool that we can use to help them, but we have to actually guide them through it to figure it out. So co-morbid challenges with ASD. Co-morbidity is used all the time, it's thrown around and it's basically when two disorders are occurring at the same time.

This happens with ASD very often and again, the question is, is ASD causing the mental health challenges? Were the mental health challenges already there? It doesn't really matter what came first, the fact is there is this co-morbidity and according to the National Institute of Mental Health the leading Federal agency for research on mental health challenges. These are a list of very common ones. Irritability, hyperactivity, suicidal thoughts. Now we get into the anxiety piece and the reason why I'm stressing this is because again social isolation seems to be at the core of this anxiety. Which ties into our students because a lot of them are dealing with social isolation due to their challenges. The social isolation can lead to anxiety because of this lack of connection

with others. Then we have depression, PTSD. OCD is also more common, however, you gotta be mindful that OCD can be mistaken also in our students for their repetitive interests. We don't wanna label a student as having OCD because they're very interested in legos, or they're very interested in technology or the trains. Because at the end of the day we wanna harness those strengths and interests, not beat them down in a way that we feel is harming them. We don't want it to be, "Oh this is a repetitive interest "and so therefore the person has OCD."

We have to be mindful of that when we're thinking about the co-morbidity. Here's kind of a visual that I've provided that breaks up Erdman's research recently. As of October 7th 2019 this is kind of the breakdown of other co-morbid challenges and if you notice attention deficit and anxiety are the highest ranked on this co-morbidity. There's attention deficit and anxiety, but when it comes to anxiety we are all very aware that anxiety does come in many different forms because of the ASD. ADD, I'd like to mention because again ADD sometimes appears together with our students, but I've had students over the years that were diagnosed with ASD. It seemed that the ADD was taking the forefront in terms of their participation in the speech groups.

Oftentimes, they have difficulty attending to the task and therefore it looks like they're socially isolated or not engaged. Oftentimes, this behavior may look like it's ASD, so it's also very important to think about our students and if ADD is getting confused between ASD. Very often we do see it together. We see that the child does have the social thinking challenge and also the ADD, which is why we have to be mindful of each specific student. Now trauma is the big one and trauma is something that I've been investigating more recently because trauma is something that can effect any adolescent based on any prior experience that they've had in their lives. It is expressed differently in our students because very often when I have adolescents without ASD in my speech groups they don't necessarily shy away from showing their reactions. Very often the triggers known. We know that certain things will trigger the individual because

of the prior experience. For example, if their father was murdered it could be that death or anything reading about homicides immediately triggers them. If somebody's talking about their parents they get triggered. It's kind of automatic understanding that they will be triggered in this moment. Where as the individual's with ASD a lot of times don't necessarily react in the moment and sometimes will even have a delayed reaction. More recently being that I had someone who lost their dad a few years ago and they were reading A Long Walk To Water which is about refugees escaping from their country. That triggered death to him but we didn't know any of that because he was showing no signs in school. This was something that he had brought up to Mom and then Mom had to relay it to us.

The other thing is that our students are vulnerable to being ostracized and teasing because of the ASD. Because they're more vulnerable a lot of times this bullying over time can lead to trauma. Another thing which is kinda controversial is treatment over years. Sometimes our students are getting treatment over years that are constantly and repeatedly telling them what they're doing wrong. Over time that buildup can create trauma and there's this great group on Facebook that I recommend everybody follow who's working with students with ASD or adolescents in general. It's called Trauma Informed Schools.

One of the things that they've mentioned is that many of these individuals do get treatments that are not necessarily beneficial to them and over time that could be difficult because it's really making it hard for them and it could lead to trauma. For example, ABA treatment has recently garnered some of that backlash, Cooperstein in 2018 wrote an article explaining that there are many individuals with ABA treatment that have experienced some trauma and really didn't benefit as much as they would've like. Again, it's controversial and some studies prove its efficacy. Then even through there's no treatment for both we as speech pathologists can really think about both when treating the individual and I'll give you some strategies later that incorporate

mental health in a positive way. So that we're not just targeting social thinking but trauma and other mental health issues as well. Also, we have to really know the history of our students very well in order to do this and also understand the difference between females and males. In fact, Golan had said that at times it seems that girls are the orphans of the ASD world and maybe this isolation can cause further trauma. As an SLP, I actually wrote an article for the ASHA Leader about mental health and adolescents in 2018. One of the things I mentioned was we can use our SLP knowledge because we're the communication experts. We can really pick up on shifts in communication in our speech sessions.

For example, is the ASD student who has trouble monitoring verbal interruptions now showing a reserved nature? For example I had a student once who's really outgoing all the time, so loud, so interrupting of other that we had to constantly tell him to kinda think about others perspectives and how they're feeling. You know how important it is to allow others to speak, but then he started getting reserved. It took a few weeks for us to really notice this shift and this reserved nature where the initiation just wasn't happening. We spoke to Mom and there were a lot of life changes and it turned out that he was slowly developing a form of depression. So we can very vigilant about that.

The opposite can happen in the communication shift. For example, the ASD students who's normally really not initiating is all of a sudden really engaging, really animated, and sometimes talking about things you never even knew about that he was interested in. That could also be a sign that something's gone awry. Sometimes we even may see that generating inferences and other cognitive goals that the student was doing well in has worsened, so it may even happen in their real life. For example, a student who is easily generating inferences is not completely challenged by the thought of making a basic inference and maybe even as it applies to their real life such as wearing shorts on a snowy day. We're wondering, "Wait, what? "What just happened?" Any changes in any form of communication for a long period of time can really alarm us and make us

try to think, "Okay now we need to collaborate "with the others to see if this is a mental health issue." Obviously a student who's having frequent crying spells, anger outbursts, and things like that, we have to really monitor because again we know that our students have meltdowns. We know to some level their triggers that will cause them the meltdowns, but if this is becoming a more common than uncommon situation, again we have to be vigilant of that. As well as being vigilant on transitions and changes in the individuals life because transitions are excruciating for our students and can lead to mental health challenges simply by having a big change in their life.

Then I have a visual here that kind of explains how important it is to work with our students collaboratively because again trust is a key factor in working with any student. But then we have the student with ASD who may have a mental health challenge at the same time. Very often my ASD students will say, "You just don't get it," or "You just don't understand." Very often they may not even trust us. Through working on getting to know them, through working on their strengths and interests, and kind of showing that we support them and that we're empathetic towards them. We can actually develop trust. If we view it as a team effort, after that trust we can then move on to the next phase of accountability.

Which is just being accountable for each other and making sure that they understand what they're working on in our speech groups. What I'm working on and us both being aware of that accountability and how important it is for them if they wanna make progress. For example, if their end goal is, "Oh I wanna work "on my social thinking so that I can make friends." Despite whatever mental health challenges are going on I'm gonna be held accountable because I'm gonna come to speech and I'm going to work on certain activities that help me with making friends. Then there's that commitment where both parties are committed do the practice at hand together and committed to working through conflict. Then if this commitment continues, then there is the achieving results. Which is a really beautiful thing, but I do believe that coming at this in

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a collaborative, rather than authoritative way has really served my students much better then coming at it in a way that tells them what to do. Because they are told what to do all the time and how to fix things. I think that empathy is gonna be key in this situation. So students with ASD especially feel that they are not being heard and I've heard it time and time again where students will say, "You know we feel "like our teacher doesn't get it." "They just don't understand what's difficult for us." Some of them have said that they keep hearing the same mantra of, "Oh you can do it, you can do it." "You can get better at this, but it is simply is not enough." Somethings not to say that really can effect the student negatively is to say, "Oh just ignore it," because then we're kind of minimizing things for them.

Which again over time they felt like a lot of things have been minimized for them so we don't wanna add to that. Or say something like, "I get exactly what you're through," because that's something that we A can't get exactly what they're going through. But also it's something that is turning it back to us, so we wanna kinda make it all about them rather then us. These points that I'm raising here on this PowerPoint slide are things that I absorbed from that mental health Thrive New York City presentation, but is something that I feel like it's especially important for our ASD students who feel sometimes that we just don't get it.

Saying something like, "You'll get over it. "You just gotta deal with it," again is minimizing the issues and many of them have told me that people have minimized issues. False promises are never good with anyone in our life. It's not good with anybody that we're friends with, it's not good with family members. However, giving false promises to someone with ASD is gonna exacerbate the issue at hand. They're literal thinkers, so promising them that everything is gonna be okay, can actually work to our disadvantage because again that is something that they may take literally, everything's gonna be okay. And then if everything is not okay in the next couple of weeks, they may come at us and really be upset. I interviewed a NEST student in 7th

grade who has been in our NEST program since last year. NEST is basically a collaborate program designed to help students with ASD develop their social thinking. Then in so doing, they can then better access the curriculum. I don't know how many of you have heard of Barry Prizant, but he's the author of Uniquely Human. He's mentioned that one of the key involvements in treatment of individuals with ASD is that people are advocating all the time now. It's not just Temple Grandon advocating, we now have blogs of people that are advocating, I go to professional development meetings where people with ASD are advocating for what they need. I only thought it suited that I would include a presentation from someone with ASD, who can share with us what he thinks is important. In terms of helping our students with ASD deal with mental health challenges. In so doing, I give him the platform to advocate on behalf of that. I will let the video role now. How are you doing today?

- I'm good.

- [Sharon] Again, thank you so much for volunteering for this. You've always been a great volunteer and I think it's gonna help a lot of people understand autism, but also understand how autism can sometimes also be linked to mental health struggles. We wanna kind hear about your perspective on it and I'm gonna ask you a couple questions, okay?

- Okay.

- [Sharon] Ready? How have you seen individuals with autism be effected by mental health?

- I've seen, there's three kids in my class that I know the best, including myself. All three of us are in the NEST Program combined with the Honors class. In our case we had a teacher that is trained for special ed or like NEST training. They know how to

accommodate us and make sure we have the learning experience as possible. They might be taught just like other kids, you don't have mental health disabilities and that can effect how they learn and how they can use their knowledge in the future as an adult.

- [Sharon] Thank you, very articulate Spencer. That was great. How have you seen mental health struggles specifically appear in some of the peers that you've been with over the years?

- My class at least, I can't really observe myself because I'm strongly biased with my opinion.

- [Sharon] Good point.

- Now for one that's introverted, he usually gets like easily offended. More than other people would be. Like for example, usually doesn't hang out with other people during lunch periods for example. Other people are making jokes, having a good time. He might be offended by some of the jokes that were not ill-intended. Now for Louis, pretty outgoing, he always wants to help, but I feel like for him sometimes he needs more help then what he wants to give help--

- [Sharon] This is important to think about and I'll address it after the video but this giving help thing is a common theme among many of our students who would like to help others, but sometimes aren't recognizing the help that they need. That can often build up to the point where they're now having difficulty in regulating and effect their mental health.

- For example a lot of time if he cannot cooperate with some of the work that he's given, he might shut himself out completely and not be able to participate in the assignment.

- [Sharon] Do you think teachers can really accommodate the needs of students with autism so that maybe their mental health isn't in jeopardy?

- Especially trained in NEST Program actively and she is able to accommodate the NEST kids while making sure to keep control of our class. We have different accommodations and she's willing to support our accommodations to the fullest extent.

- [Sharon] What kind of accommodations do you need that is helpful?

- At least for me, I have questions read out for me on tests since sometimes it can be hard for me to focus on reading sometimes. For the other teachers I know that if they're taking a test, every 30 minutes they get a 5 minute break to like stretch, refocus, anything.

- [Sharon] It seems like based on what you're saying there are great accommodations in place and you mentioned earlier though that you are in a program that knows how to handle these things. You mentioned that some public schools don't, right?

- Not all autistic kids or mentally disabled kids, are in a NEST program. Regardless, I think teachers can be able to deal with kids that are mentally disabled by observing their pattern. Like how they behave, how do we act to different things and maybe see where they're struggling and think of ways that have better alternatives. Like I used to be like struggling in real life, when my teachers thought of a solution. When she gave me that solution my grades immediately skyrocketed. I felt way better with the solution

that she gave. Right before the state test my teacher gave me a little formatting thing that helped me like have like little sentence starters, things like that. Helped me format how I'm supposed to write it.

- [Sharon] Just to add in here, this is again in our toolbox of strategies of SLPs. We can collaborate with teachers on these language strategies that can help our students ease their anxiety. So that something seems small in the moment can really be addressed before it becomes much larger and effects our students mental health.

- The first time I wrote one of those things it was immediately way better then some of my past things. The response was longer, it had higher vocabulary. This one because everyone was in a specialized program I would feel like observed the class as a whole and not individually and made assumptions on that. It did work out for some people but not for all people. The only personalized options we got were accommodations.

- [Sharon] I get it that when there's a struggle of academic, it can also effect your mind a little bit because if you're struggling so much. I know that when I struggle with a test and things are not working, I get more and more upset and anxious. So I don't know if that's helped you when other people are effected by that. Do you have any parting words because again this is just kind of a course I'm giving on thinking about mental health struggles and people with autism. Any final words about how to think about that or how teachers can make it easier so that they don't feel so negatively about themselves or maybe parents, or anyone?

- I mean like for the first month at least for teachers at least, I'd say that you just spend the time observing the students methods of learning and see how each of them differ from each others learning styles. One of the activities that we did was like how you really learned. You're like an auditory learner, kinesthetic learner. So they audit and they saw the results. I, myself was one of the auditory learners. I feel like they were able to

have each and every one of us be able to learn their own way and can have specially different ways of learning.

- [Sharon] You know what Spencer, I completely agree with you. You mentioned it before earlier the patterns that teachers need to observe patterns, so that they can have better understanding of the person. Then once they have a better understanding of the person with autism, they can detect when patterns have changed and when the student is struggling. Even more so, what they can do to help the student adapt so that they don't meltdown or feel really badly. I feel like what you've said is so articulate. Thank you so much.

- No problem.

- [Sharon] Final words?

- Just look out for every kid individually and not by groups.

- [Sharon] Ooh, love it, amen. Thank you Spencer.

- Thank you.

- [Sharon] That is the end of our video and so now we are gonna go back and assess this and review a couple of key points. Spencer has actually said this best which is at the end Spencer ends it by saying we gotta focus on the individual. I think that when dealing with social thinking and mental health in our students with ASD, you really have to think about the individual and not the group because one individual with ASD is gonna be different than another individual with ASD. Even if they're both dealing with mental health struggles. He also mentioned something really great which is about patterns. Again, patterns come in the form of observation. We have to observe the

student in the beginning of the year and kind of figure out what their patterns are, what their triggers are so that we can differentiate instruction. Spencer was saying how he has these two frinds and one of them is super outgoing and the other one's more to himself and easily triggered by others. Yet more introverted and not as expressive where as the other student is perceived as more outgoing and trying to make friends, but at the same time they have completely different profiles. If we were gonna look at them and think about how they're doing in terms of mental health, we would have to examine them from different profiles because we have someone who's engaging a lot, whose helping. In this situation, helping a lot of times when he doesn't know how to help.

This individual I know personally and sometimes he tries to help and oftentimes that help is received well because he doesn't know how to help yet because he's not at that level yet of social engagement where sometimes he's helping and he doesn't understand how to administer that kind of help. The other thing is that we also have to learn to accommodate the needs and Spencer said it best, differentiated instruction accommodations. Accommodations are what Spencer said really has allowed him and his friends to really thrive giving that example from English and like I said we're the collaborators, we're the language specialists, we're the communication specialists, and the social language specialists.

We have a duty to really work with those people, work with the teachers so that they get the accommodations that will lead to positive mental health. So that they don't feel like they can't hack it when they come to school. Then this buildup just caused even more stress and more anxiety and depression. Again, like Spencer said, it's all about thinking about the baseline. It's all about thinking about the patterns after the baseline. Then figuring out how is this individual doing? Now hidden rules is something I addressed in my last webinar when I was talking about social thinking strategies. For those of you who don't know hidden rules is a big part of our social thinking world

because hidden rules are those social rules that prevent us from going into a meeting and bursting in while we know a meeting is in progress and talking about what we had for dinner. It's also what guides us on a day-to-day basis knowing how to approach someone without making them feel uncomfortable. It's also knowing that when other people are speaking we probably should try to bring in something that's related to what they're talking about or they feel like we don't care about their thoughts. Now this doesn't come naturally to our students but can even exacerbate their mental health struggles because adolescents is a time of friendship.

Many of my students will say, "Oh you know well, "I don't really care about making friends." I don't buy it because over the years working with these students I've seen time and time again, the students who say they don't want friends will then seek out friends. Not always in the right way, or sorry, I don't wanna use the term right. Not always in the most productive way but they will try to form connections with other people as part of the process. We wanna encourage that but we also want them to understand what friendship is because a lot of times adolescents is a time when even students without ASD don't know what a true friend is.

But because of this hidden rule challenge our students are at an even greater loss for true friendships at times. I over the time have come up with individual hidden rules that guide friendship. Again based on individual profiles, individual students based on their needs. For example, I've had students how have told me that they're friends with people who I then later find out are taking their lunch everyday. Not stealing it, just saying, "Hey dude, I want your lunch." The student is offering up their lunch daily, or giving up their snacks daily. When I ask them, "Oh do they give you something back?" They say, "No, they're my friend." Then it leads us to a discussion about this give and take because after awhile it becomes exhausting when a person is giving all they can to this person that seems like their friend. That's where we can come in as social thinking specialists and say, this was an example I gave, "If someone "wants to your

friend, they will not just take things "from you without giving you anything in return." That's not something that's automatically gonna be understood by them, it will take time. Another thing I found is a lot of times their very trusting and they may even be bullied. One thing I've said is, "If someone wants to be "your friend, they'll not join in when others "are making fun of you, even if they weren't "the ones to initiate it," because many of my students do believe that they have true friends and those true friends sometimes will join in with others. Just because you know, why not, they feel like it and they don't understand the concept of how joining in, teasing you is something that could be a form of bullying.

If they're experiencing these negative interactions socially on a consistent basis, it can contribute to their negative responses. Now someone who wants to be your friend will usually stand up for you. This is something that gets into the issue of bystanders and a lot of my students haven't really understood what a bystander is. Getting them to understand how advocating for them is important. Yes we want them to advocate for themselves, but if they do have friend, that person typically will stand up for them when they having difficulty and not necessarily just watch them be hurt.

The other reason why this is so important is because a lot of my students have been bullied in the past. Again this is a vulnerable population, so some of my students were bullied let's say in elementary school and they come here and they tell me of the experiences in our speech groups of how they've been bullied. Very often this poorly modeled social behavior becomes reproduced. What I mean by that is I notice that some of the students with ASD who were bullied before are now bullying others who are a little more vulnerable than them with ASD. It becomes kind of a poor social model that we have to keep in mind of because ultimately that's gonna effect the person that they're bullying mental health, but now we also have to help them work through that trauma of being bullied before. While we're working on social thinking so that they understand the connection between a good social model and a bad one. Another thing

that we can really do is use mindfulness. The reason why I talk about mindfulness, the big buzz word that everybody's talking about these days is because mindfulness is something that can really ground our students. In our speech groups, it may be difficult to do that because you're not gonna spend a whole session doing mindfulness. Some students may even roll their eyes at you. I've had students looks at me like I have horns on my head because I'm introducing mindfulness. An app that I did use called Headspace, again depending on the individual you're working with sometimes have helped my students ground themselves. If we're doing an activity it's something that we can do in the beginning of the session for five minutes, maybe at the end of the session for certain groups.

They've selected days, maybe once a week where they will do mindfulness exercises and reflect on mindfulness, but it really does depend on your students. Something I've been doing research on recently which I think is really excellent for our students and I'm gonna actually be trying to implement. Is trauma sensitive yoga. We all know about yoga and I've actually included yoga in the past with students in terms of having them select says of the week where they wanted to do yoga in our social thinking groups. They would work on the yoga moves collaboratively.

We would take turns switching roles in terms of who's the leader and who's gonna be contributing, and who's gonna be following. It was great to have these different roles and shift them. The trauma sensitive yoga I think is even more powerful because these students are so used to being told what not to do. They're always being told, "Don't do this, don't sit like that." "Show that you're actively listening with your body. "Look in the eyes." This basically takes away the authority and says, "You know what, do what you want with your body." Instead of just being told what to do, you can now connect with your body. It's actually called interoception. Interoception is kind of feeling what's in your body, what that sensation is, why you're moving, and then labeling it from an emotional standpoint. I think that's basically great two-fold for our students to

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incorporate because it helps them also teach emotional regulation. But also teach them about connectedness of emotion, to body language, to feelings, labeling feelings, understanding triggers, problem solving. So this can really be a domino effect to target both social thinking and mental health. I think that our sessions are probably the hardest time of the day for our students. Probably the most taxing because when I meeting with other teachers and other collaborators. They tell me, "Oh really, that kid's causing trouble "or that kid's having difficulty, "or that's interesting because they're not having "difficulty in my room." Well, these students with ASD are in our room sometimes for 40 minutes, 30 minutes, 45 minutes. Depending on the speech session and this is the most taxing time of their day because it is a time they're forced to do the very thing that challenges them the most. Which is social engagement. Even in stations in the class, they don't necessarily have to engage with their classmates the whole time.

Again, this is something that we need to think about. How are we gonna take that pressure off because this is a very pressurized environment for them that sometimes, over time can cause an escalation of feelings that are effecting their mental health in a negative way. I've mentioned this before, but keeping things fun is really important especially when someone is struggling with mental health.

As we're catering to our students strengths and interests, we are trying to include fun in our social engagement to help motivate them. There are different types of fun obviously and it was something that Susan Brennan, a NEST Consultant of mine had discussed with me. How there's fun just to have fun, there's fun that after a completion of a goal is fun. For example, a lot of my students have these long term projects that they're working on together and yes it's hard through that process. Then when they're done, they are so happy they accomplished it. For example, I had a group that it took them months to really finish a lego movie because it involved creating a script and it involves character role assignments. It involved using props and creating the actual

video. In the moment, there were a lot of problems. There was a lot of problem solving and conflict to over come, but at the end they had fun because it was all for a common goal. When they were done, they were just ecstatic. Then there's a third type of fun which my students don't really like but it makes for a funny story after. In the moment they definitely appreciate this. I think keeping a sense of humor is key when dealing with our students that are struggling with both social thinking and mental health. I know a lot of specialists will say that we shouldn't use sarcasm because our students don't get it, but I've had a different experience.

So this is something that you guys can just think about. A lot of my students actually do enjoy sarcasm and we have to know our audience, and know the individual, and their patterns, but some of them actually really can totally shift from being in a bad mood to a good mood by simply making them smile with a little sarcasm. So, keeping a sense of humor is important. Another thing is we have to always make sure that we're centering the treatment around them. Make sure that the treatment is capitalizing on their strengths and interests, and make sure that they are helping us guide the session.

Rather than us telling them what to do because like I said in all of their other classes they are being told what to do and how to do it. I think it's important in our speech sessions for them to share their stories. Even if it goes off course, any moment where we have a students that's able to share their life and culture, even if it's interrupting the movement of our session. Or it's interrupting the topic and going off topic, that's also a layer of trust that we're building because now there's a safe place where they're able to share their viewpoints and their knowledge. It's very helpful. Behavior management system, I found to be very ineffective with my students because if you're trying to motivate someone who's not motivated. Again, like I said these students who are dealing with both social thinking and mental health challenges, a lot of them are going to not respond necessarily to a behavior system. This is where I've delved into creating

a purpose for my students because creating a purpose is something that can't be ripped away from them. It's not like, "Oh here is what you get "in return for doing this." It's bigger than that. It's intangible, but it's bigger then that. Some of my students over time have loved peer mentoring. I had a student who was really, really depressed for example and he wasn't really speaking with his friends so much anymore. The depression got really bad, but once I gave him that peer mentoring role, he was able to then mentor other students. He was so animated and I really think it was one of the contributing factors that got him out of that. I had a tech guy, I called him my tech guy because every time I had a tech issue I called him. That was his purpose, he was the tech person.

Some of them would be people who were creating the props for things that we were doing activities and they were great at it and they loved it. That was something that really gave them that purpose. That purpose will drive the motivation even through the mental health issues. Identifying a crisis. Now a crisis is different than a challenge. A mental health challenge is something that is gonna interrupt the student. A crisis is something that we have to think about on a more critical level because someone's life could be at jeopardy.

This is where we have to kind of take off our SLP hats and think about purely collaboration. If death is coming up frequently in the conversations, that could be an issue. If sleeping patterns are clearly off. Where the person is not sleeping at all or sleeping too much, that could be a sign. Drugs and alcohol being involved at an adolescent age is gonna be for sure a red flag. If they're talking about anything about harming themselves or harming others, this needs to be treated like an emergency and we have to immediately speak to the counselor and principal. And discuss an action plan in which 9-1-1 is typically called and the parents are called, and the person then needs to get assessed by professional outside. In this crisis situation, we always have to speak to the guidance counselor or school psychologist if there's a red flag. You

always have to speak to the parents because the parents may be hesitant in the beginning. However, however, just because a parent is hesitant in the beginning because they don't necessarily believe there's a mental health crisis. Maybe they don't really wanna deal with it, or maybe you feel like they're playing with this kid's medication on and off, and they're just not getting it when you speak to them. Persistence is key. Persistence and collaboration is key because I've had parents that we told them time and time again, this is an issue and we really are worried about this student. This individual, this child of yours and they seem to be unresponsive. Sometimes after persisting, and persisting, and persisting with them, it clicks. Does it always click? No, but we have to still continue with that. Remember that different people can improvise with different input.

We have to really include the perspectives and the input from all people in our school building, and outside the school building. The counselors outside, because everybody's gonna have a different perspective. Some of them are gonna be able to share with us red flags that maybe we don't really know. Here's a case study and I'm gonna end with this before I clear for questions. The case study here is just an example of what we may see. It's similar to something that I actually saw. It's a 7th grade male, age 13, who has a diagnosis of autism, but he's 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 other to change the topic when it's centered away from his own interests.

Now for the last few weeks he has been just not initiating conversation at all. 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 the 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 old step sister who's 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? How may you collaboratively overcome these obstacles? You can think about this for a moment. Think about what you would do and then I'm gonna flip the slide in terms of what I did in a similar situation. The observations as a collaborative team indicated that there's a suspected mental health struggle. He shifted from being interactive to being socially withdrawn and now is consumed with death. All of which are red flags. Also it's important to note that there has been a major life shift and for any adolescent transitions are hard, especially brutal for those with ASD.

Therefore after thinking about all of these components we had to decide what we were gonna go next. In so doing we decided that we were gonna speak to the student because if we don't speak to the student first you're not breaking their trust. Action A is always about assessing harm. We have to make sure that he wasn't hurting himself or hurting others, or in jeopardy of doing that. Then we had to speak to the social worker and guidance counselor. In the end we convened with the parents, discussed the changes and transitions that are affecting the child and we discussed that you know it's gotten to the point where his preoccupation with death and the isolation, and the complete change in patterns socially. It's making us think there's a real mental health struggle. Now the parents weren't really fully on board and working with us collaboratively in the sense that they didn't want to get ongoing therapy. So that was a little bit challenging, so we added counseling to his IEP. After all this information we have to continue to monitor the situation to avoid a crisis because we were almost in crisis mode. We avoided that by nipping it and dealing with it effectively as a group. That comes to the end of my slide and I have attached a PDF with all of my resources. You can take a look at that and that's the end of the slides.

- [Jessica] Excellent, thank you so much Sharon. Excuse me. We do have a few questions and we'll take just a few minutes to go over just a few of our questions. What

was the name of the show that you mentioned, you mentioned an ABC show at the beginning. What was the name of that show?

- [Sharon] The Big Bang Theory or the ABC dating show.

- [Jessica] Must be the ABC dating show I think is what they were referring to. Okay, excellent. Yeah the dating show.

- [Sharon] The ABC dating show I would have to go back to see the name of it, but there was a dating show that was provided by ABC recently. It was showing footage of females that were going out in the dating world as adults.

- [Jessica] Was that Love on the Spectrum maybe?

- [Sharon] Yes, that's it, Love on the Spectrum.

- [Jessica] Okay, excellent, a participant mentioned that. You also mentioned some questionnaires. Have you developed these yourself or can you share when you've gotten the questionnaires?

- [Sharon] Yeah, so it's a combination of both and I can share a couple of those. One of the things that I used was basically the trigger thing that I showed with the trigger and how they cope with those triggers. Basically just a simple problem solving visual where we worked together to identify the triggers and then they kind of come up with the ways that they cope. I could definitely provide more examples of what I've used, in addition just nuance ones.

- [Jessica] Wonderful and just in case you haven't seen those of you listening and watching, we do have Sharon's email here if we are not able to get to your question.

You can email her as sbaum.k@gmail.com. All right, we've got another few minutes. How do you decipher between social isolation from lack of interest in socializing with others?

- [Sharon] The lack of interest of socializing with others from social isolation. The lack of interest in socializing with others typically in my students with ASD, a lot of them appear to have a lack of interest of socializing with others but when I get to the nitty gritty a lot of them actually do want the social engagement. They may be not going about it in the right way. So when it comes to the population I'm speaking about with the ASD, very often they may present as having a lack of interest but really they're just engaging in a way that is maybe not so productive. Social isolation however is a little bit different because the students who are experiencing the social isolation will not really often engage. Maybe they did engage at one point, but now they're just not really engaging with the peers at all. Whether it be negative or positive. They're just kinda keeping to themself, very private, not really speaking up much, and people can't really get them to really elaborate on anything in a conversation.

- [Jessica] Okay, great. One last question before we wrap it up for today. On slide 20 you were talking about empathy is key. The question is, what about the students that emphatically insist that making and keeping friends doesn't matter to them? Maybe they're saying people are dumb or rude, or I don't need friends, or things like that.

- [Sharon] I've heard that basically everyday of my career working with his population. At least one person will say, "I don't need friends, "I don't care about friends." So because I work in social groups I always remind them that we are not forcing them to make friends. I come at it from a perspective of, "You know what, "we're not forcing you to make friends. "We just want you to be able to engage with peers "so that you can work with groups effectively "in the classroom and then ultimately work with groups "in the workforce and things like that. "We're not forcing you to make friends.

"If that's not your goal, that's not our goal either." So I come at it from that standpoint but the as they work and get better at working in that group form. What I've noticed as a pattern, and of course this isn't gonna apply to every single student, but I have noticed that they have then started branching out and making friends through that. Which kind of leads me to my original premise that many of them actually do want friends.

- [Jessica] Excellent, well thank you so much. I apologize to those of you that we didn't get to your questions, but you can feel free to email Sharon. I wanna thank everybody for attending today's course and thank you Sharon for sharing your expertise with us.

- Thank you.

- [Jessica] This does conclude today's course. Please join us again.

- Thanks for listening.

- [Jessica] Thank you, please join us again for our future courses on speechpathology.com. Make sure you like our Facebook page and follow us on Twitter for our latest courses. You can also see a list of upcoming live courses on our speechpathology.com website. Enjoy the rest of your day everyone.