

Southeast (HHS Region 4)

MHTTC

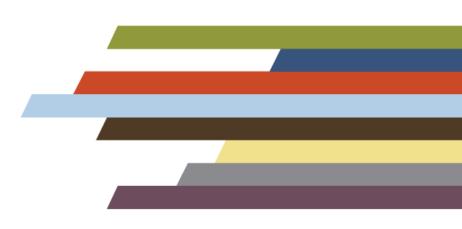
Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

Supporting Autistic Students in the Classroom with Anxiety: Your Questions Answered

Katherine Pickard, PhD Emory University School of Medicine February 21, 2024





DISCLAIMER

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

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The Southeast MHTTC is located at Emory University in the Rollins School of Public Health.

Our Mission: To promote the implementation and sustainability of evidence-based mental health services in the Southeastern United States.

Our Vision: Widespread access to evidencebased mental health services for those in need.

Our Services: We use a public health approach to build leadership capacity and to provide mental health trainings and resources to providers, agencies, and communities across the Southeast.





Katherine Pickard, PhD

Assistant Professor

Emory University, Department of Pediatrics, Division of Autism and Related Disabilities

Research and Clinical Interests

- Translating best practice interventions for autism into community settings.
- Extensive work in early intervention and public school systems.







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A Note on Identity First Language Use

Within our products on autism, we use *identity first* language. We have made this decision:

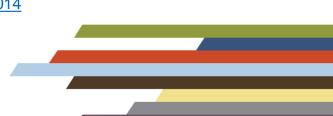
- In response to the neurodiversity movement.
- Based on the preference of many autistic adults.
- In order to avoid the use of ableist language.

However, we recognize that this is not the preference of every individual or family and that many people continue to use person-first language.

Bottema-Beutel, K., Kapp, S. K., Lester, J. N., Sasson, N. J., & Hand, B. N. (2021). Avoiding ableist language: Suggestions for autism researchers. *Autism in Adulthood*, *3*(1), 18-29. Link: <u>https://www.liebertpub.com/doi/full/10.1089/aut.2020.0014</u>



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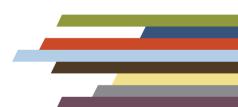


Toolkit for Supporting the Mental Health of Autistic Students



Toolkit for Supporting the Mental Health of Students with Intellectual and Developmental Disabilities



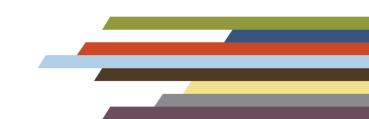


Office Hour Objectives

This session will center on evidence-based approaches and practices that can be used within schools to help manage anxiety in autistic students. By the end of the webinar, participants will be able to:

- 1. Describe evidence-based approaches to support anxiety in autistic students.
- 2. Understand different ways that mental health programming can be delivered to autistic students in schools.
- 3. Identify strategies that may support an autistic student as illustrated within two case examples.





Polling Questions

- 1. What is your professional role?
- 2. How much of your professional time do you spend working with autistic students?
- 3. How much of your professional time do you spend supporting the behavior and/or mental health of autistic students?

Prevalence of Mental Health Challenges in Autistic Individuals

Mental Health Category	Autistic Youth	General Population
Anxiety	25%	7.3%
Depression	11%	4.7%
Bipolar Disorders	5%	0.7%
Schizophrenia	4%	0.4%

PRE-COVID!

(Casseus et al., 2023; Deng et al., 2023; Ghandour et al., 2019; Lai et al., 2019)

Anxiety

- Anxiety is a subjective sense of fear, distress, or worry.
- Anxiety disorders occur when anxiety symptoms are persistent and interfere with an individual's ability to function.
- Anxiety disorders range from those associated with a <u>specific thing</u> or event to those in which anxiety is evoked by a <u>broad spectrum</u> of situations.

Mental Health and Autism Service "Silos"



Cognitive Behavior Therapy (CBT)

Treatment of choice for anxiety disorders in youth within the

general population

AND

for treating anxiety and other mental health challenges in

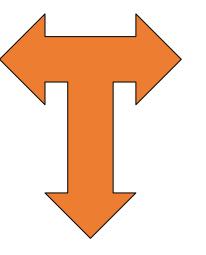
autistic youth.

(Blakeley-Smith et al., 2020; Lake et al., 2020)

How does CBT Work?

Physiological (Feelings):

- Rapid heart rate
- Shaking/restlessness
- Anxious facial expression
- Crying/screaming
- Sleep disturbance



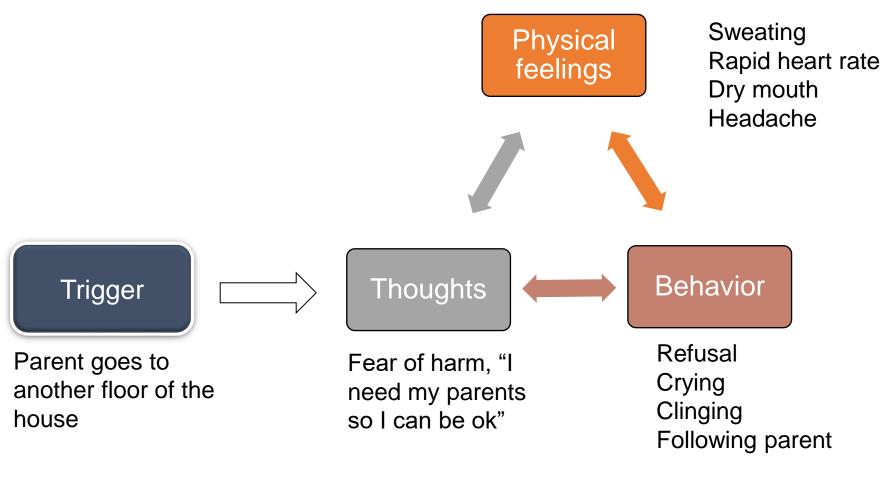
Cognitive (Thoughts):

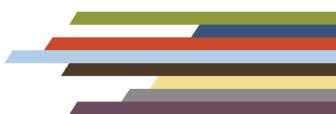
- Cognitive distortions
- Negative self talk
- Rumination
- Worry
- Self-doubt

Behavioral:

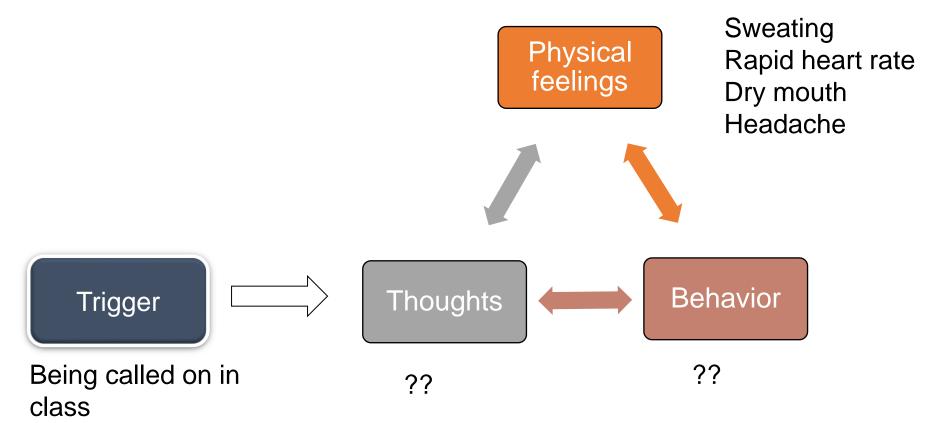
- Avoidance
- Withdrawal
- Reassurance
 seeking

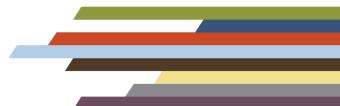
Breaking CBT Down: Separation Anxiety





Breaking CBT Down: Social Anxiety



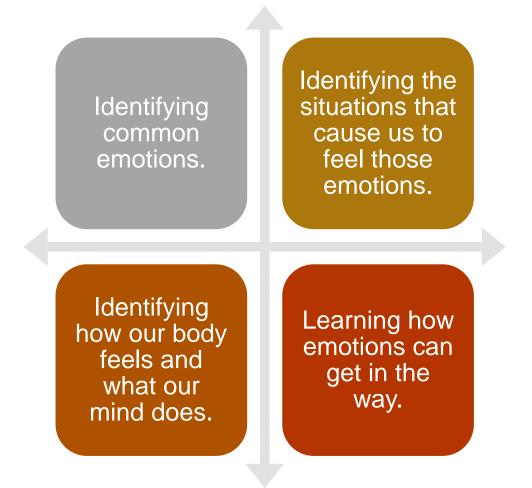


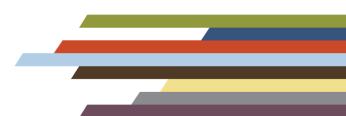
What Does CBT Involve?



Psychoeducation

<u>Definition</u>: Building foundational emotion knowledge



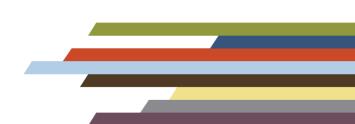


Somatic Management

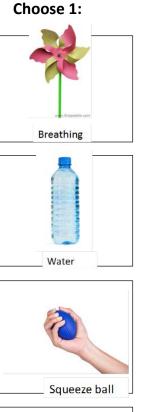
<u>Definition</u>: Relaxation strategies that help reduce the physiological symptoms of anxiety (i.e., they help to calm our bodies)

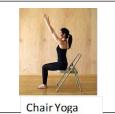
Many students rely on adults to soothe them or being told to "take a break" when anxious. Provide a range of relaxation techniques through a visual menu, emphasizing deep breathing.

Embed and practice within daily routines.



Example Modification: Relaxation





Calm My Body:

Cognitive Restructuring

<u>Definition</u>: Strategies that help to manage negative or worrisome thoughts



Pay attention to negative self talk, perseverative questions, and reassurance seeking

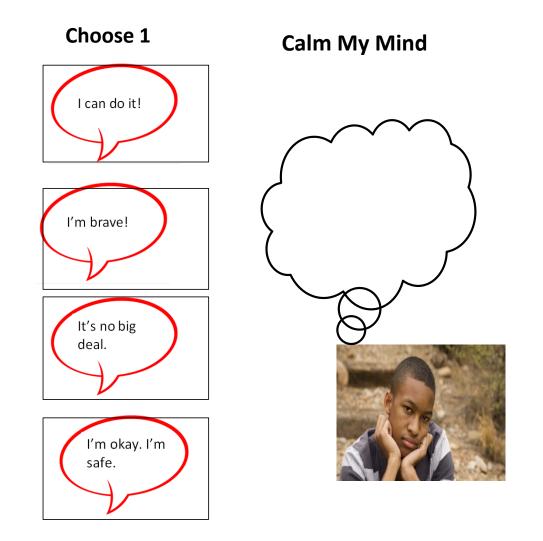


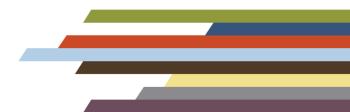
Focus on replacement thoughts rather than challenging negative cognitions



Use repetitive helpful thoughts designed to reinforce self competence:

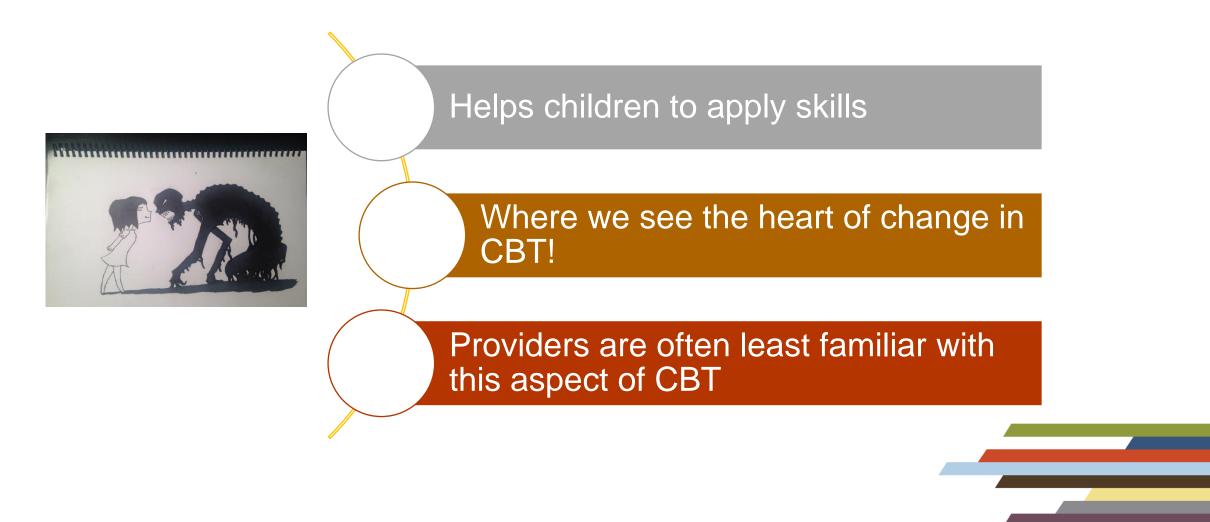
Example Modification: Cognitive Restructuring



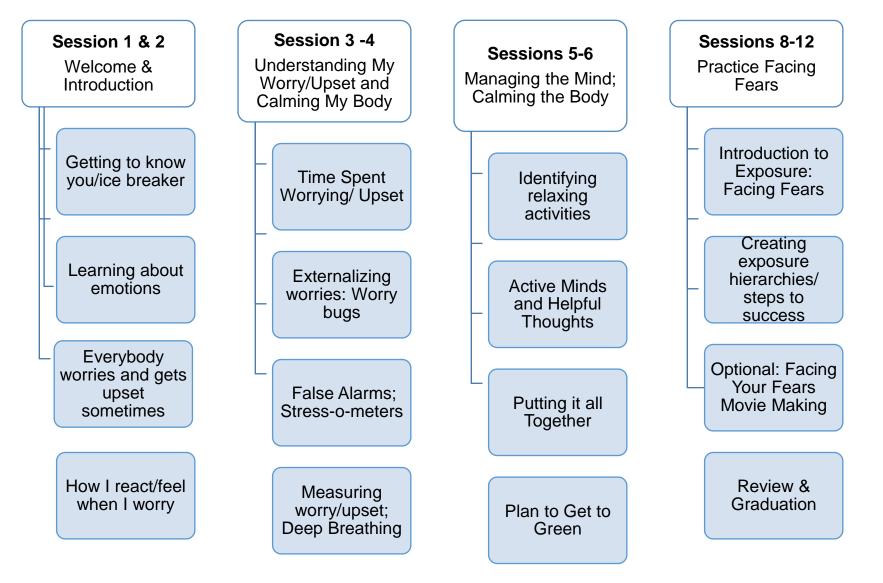


Graded Exposure

Definition: Facing fears a little bit at a time



Facing Your Fears – School Based Program



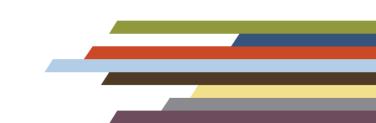
Where can I learn more?

- American Association for Intellectual and Developmental Disabilities (AAIDD): <u>https://www.aaidd.org/</u>
- Association of University Centers on Disabilities (AUCD): <u>https://www.aucd.org//template/index.cfm</u>
- JFK Partners, University of Colorado School of Medicine: <u>https://medschool.cuanschutz.edu/jfk-partners</u>
- Mental Health Technology Transfer Center: <u>https://mhttcnetwork.org/centers/mhttc-network-coordinating-office/national-school-mental-health-implementation-guidance</u>
- National Center for School Mental Health: <u>http://www.schoolmentalhealth.org/</u>

Case Study

Sam is in fourth grade. She does not have an autism diagnosis but participates in the school lunch bunch group and receives support related to ADHD and learning disability. Sam is enrolled in general education and receives pull out support for reading and math. Over the past academic year, her school team has noticed that Sam is not raising her hand in class and puts her head on her desk when called on or looks frozen. Her team has also noticed that Sam seems to ask repetitive questions when it comes to upcoming tests and assignments (e.g., Is it going to be hard? When is it due?). Her mother shared that Sam is also asking her a lot of questions at home about upcoming assignments and is starting to complain about stomach aches before school. Her school team is wondering if anxiety is at play and what their next steps should be to support her.





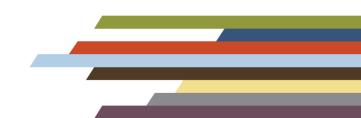
Question 1 (Poll)

What strategies would you prioritize using to support this student in managing their anxiety?



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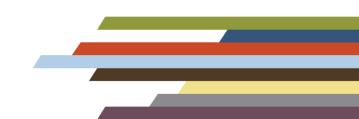


Question 2 (Discussion via Jamboard)

If you dug a little deeper and learned that Sam is worried specifically about doing poorly on tests or saying the wrong answer, what types of environmental or academic supports/accomodations might you consider for Sam?



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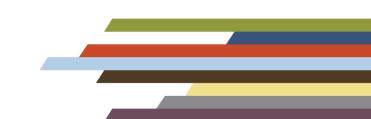


Question 3 (Discussion via Jamboard)

Assuming you put accommodations into place and Sam is still worried about doing poorly on tests or saying the wrong answer, how might you help overcome this worry?



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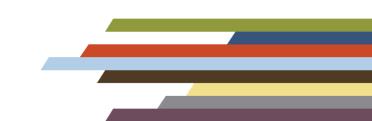


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Case Study

Jack is in 8th grade at a large public middle school. Jack received an autism diagnosis when he was in kindergarten and qualifies for an IEP with an autism designation. Jack participates in General Education. He does well, but he does not like group work, and is quick to correct others if they don't follow the rules and becomes upset when peers are off topic, loud, or not contributing to the project. Peers are starting to make fun of him and call him the "rules police." When there is a group project, he is now saying "I don't want to do it" or goes to the nurse with complaints of a headache. He has a hard time at lunch and recess, where he says that it is too loud and that he doesn't like being watched. He is protesting going to both activities and asks to go to the library instead. His school team is wondering if anxiety is at play and what their next steps should be to support him.





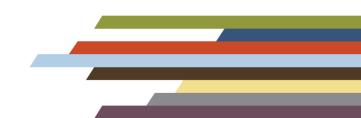
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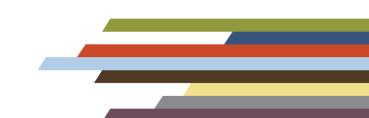


Question 2 (Discussion via Jamboard)

If you dug a little deeper learned that Jack is worried about loud noises or peers making fun of him, what environmental or other supports would you put in place for Jack?



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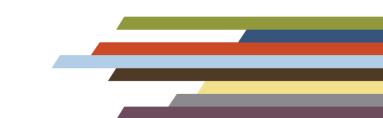


Question 3 (Discussion via Jamboard)

Assuming after these accommodations Jack is still worried about loud noises or peers making fun of him, what might you do to help Jack manage his worry?



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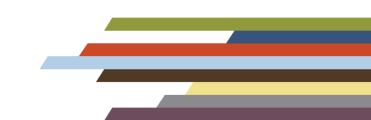


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Polling Questions

- 1. What are mental health topics that you would like more information on?
- 2. For the topics you identify, how would you want information presented?





Thank you!

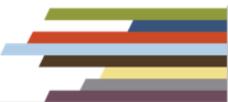
Southeast MHTTC:

https://mhttcnetwork.org/centers/southeast-mhttc/home

Contact: <u>Katherine.e.pickard@emory.edu</u>

Website:

https://www.marcus.org/autism-research/autism-research-team/katherinepickard



Region IV Southeast Mental Health Technology Transfer Center

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