Addressing Mental Health Problems in Youth on the Spectrum: Individual and Contextual Solutions

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Overview

• Individual-contextual approach to mental health
  • The individual as the target
  • The family as target
  • The community as target
Mental health problems in youth with autism

- 4-5x greater than youth in the general population (Totsika et al. 2011)

- 70% will meet criteria for at least one psychiatric disorder, and many meet criteria for multiple conditions (Simonoff et al., 2008)

- Overall rates may be inflated due to miscoding autism symptoms, but the same pattern emerges (Mazefsky et al, 2012)
It’s not just about autism

- Population based study of 5 to 16 year olds in the UK; M age = 10 years (SD = 3.0) (Totsika et al., 2011)
It’s not just about kids

Young adults (18-24 years of age)
It’s not just about anxiety

• Transdiagnostic processes

  • Anxiety can be the tip of the iceberg
  
  • Depression and anxiety are correlated with externalizing issues (noncompliance, aggressive behaviour, and irritability)
  
  • Many psychiatric diagnoses at the same time
Take a moment

- Think about a child / teen / adult

<table>
<thead>
<tr>
<th>Domains</th>
<th>Biological</th>
<th>Psychological</th>
<th>Social-Relationship</th>
<th>Social-Environmental</th>
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</thead>
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<tr>
<td>Factors</td>
<td>Genetic, developmental, medical, toxicity, tempermental factors</td>
<td>Cognitive style, psychological conflicts, self-image, meaning, schema</td>
<td>Family, peers, others</td>
<td>Culture/ethnicity, social risk factors, systems issues</td>
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<td>Predisposing</td>
<td>(vulnerabilities)</td>
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<td>Precipitating</td>
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<td>Protective</td>
<td>(strengths)</td>
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Health is Developmental-Contextual

Figure 2. Determinants of Chronic Conditions and Special Health Care Needs Among Children [from Newacheck, Rising, & Kim, 2006 in Newacheck et al. (2008), p.348]
Move beyond a deficit focused approach

• The absence of mental health problems is not exactly the same thing as good mental health
  
  • *If I were to ask you to describe how mentally healthy you are, what words would you use?*

• Positive outcomes need to be defined by positive constructs
  
  • *If I were to ask you to describe what successful living means to you, what words would you use?*
A role for positive psychology

• Most of the field of developmental disabilities has been a deficit and pathology model (Dykens, 2006)

• Understanding what’s wrong with people only tells us so much about what contributes to people doing well (Seligman, 2002)
  • Happiness, flow, thriving beyond simply reducing psychological suffering
    • In the general population, it is related to improved problem solving, learning, health and longevity (Fredrickson, 2001)

• More work is needed
  • To inform operationalization and measurement, and ultimately to treatment planning
Mental health as an individual-contextual developmental process

Key ecological assets in school, family, and community:
- Positive people
- Physical and institutional resources
- Collective activity
- Positive opportunities

Key individual strengths (including intentional self-regulation):
- Academic
- Cognitive
- Social
- Physical
- Emotional

Positive Development:
- Competence
- Confidence
- Connections
- Character
- Caring

Contribution to:
- Self
- Family
- Community
- Civic society

Internalizing and externalizing problems (mental health problems)

Mueller… Lerner et al., 2011
Mental health is not just about symptom alleviation

Abstract Most research on mental health in individuals with autism spectrum disorder (ASD) and intellectual disability (ID) has focused on deficits. We examined individual (i.e., sociocommunicative skills, adaptive behavior, functional cognitive skills) and contextual (i.e., home, school, and community participation) correlates of thriving in 330 youth with ID and ASD compared to youth with ID only, 11–22 years of age ($M = 16.74$, $SD = 2.95$). Youth with ASD and ID were reported to thrive less than peers with ID only. Group differences in sociocommunicative ability and school participation mediated the relationship between ASD and less thriving. Research is needed to further elucidate a developmental-contextual framework that can inform interventions to promote mental health and wellness in individuals with ASD and ID.

Keywords Autism spectrum disorder / Intellectual disability / Special Olympics / Thriving / Mental health / Positive psychology / Positive outcomes

Introduction Individuals with autism spectrum disorder (ASD) and intellectual disability (ID) have significant and pervasive support needs across many life domains, including educational, health, and community areas, and many struggle with emotional and behavior problems (Mannion et al. 2014; Simonoff et al. 2008; White et al. 2009). In the most recent CDC (2014) report, 31% of youth with ASD had intellectual skills in the ID range (with another 23% in the borderline range), although estimates across studies range widely, from 26 to 68% (CDC 2012; Fombonne 2005; Yeargin-Allsopp et al. 2003). We also know a great deal about the correlates of these pervasive needs, at individual (e.g., age, sex, diagnosis: Anagnostou et al. 2014), family (e.g., parent stress: Witwer and Lecavalier 2008), and more distal social levels (e.g., socio-economic status: Emerson and Hatton 2007). Understandably, research has largely focused on these problem behaviors and the remediation of negative outcomes, and we know far less about these youths’ strengths or how to promote positive outcomes, such as happiness, satisfaction, or resilience (Dykens 2006).

There is a role for positive psychology in identifying the characteristics of wellbeing and the situations that promote thriving, in a way that is more balanced than focusing solely on what is deficient (Gillham and Seligman 1999; Schalock 2004). Studies of positive or optimal outcomes of individuals with ASD are limited (Fein et al. 2013; Magiati et al. 2014).

Indeed, thriving is an important but almost altogether unused term in the ASD research literature. Benson and Scales (2009) define thriving as ‘an individual’s pursuing a life path on which individual or functionally-valued behaviors grow (e.g., character, confidence, caring) and move the person toward attainment of an ‘idealized personhood’ characterized by socially or structurally-valued behaviors such as contribution to self, family, community, and civil society (Lerner 2006)’ (p. 90). Thriving reflects both wellbeing and an upward developmental trajectory, the demonstration of continued growth of knowledge and skills, and success in relationships with others (Carver 1998), and ultimately, contributions in a meaningful way to oneself and one’s environments according...
Components of thriving

• **Competence**: *My child has the skills to succeed in school, in social situations with friends and adults, in play, and at home. My child knows how to behave and does what is needed to do well.*

• **Confidence**: *My child believes that he/she can succeed and do what is needed to do well in the family, in school, in social situations with friends and adults, in play and in other areas that are important to him/her (for example, sports, music, religious activities).*

• **Connectedness**: *My child has positive relationships with his/her parents, siblings, and other family members, and with friends, teachers, coaches, or mentors.*

Adapted with permission from the 4-H Study of Positive Youth Development, PI: Richard M. Lerner, Tufts University
Components of thriving

- **Caring**: My child cares about other people. He or she is concerned about whether others have what they need (shows sympathy) and shows a sense of compassion (empathy). My child is both sympathetic and empathetic to others.

- **Character**: My child knows what is right and wrong; and does the right thing; My child is open to others’ perspectives and believes in social justice for all. My child is honest.

- **Contribution to self/others/community**: My child tries to do things to help the family, to help neighbors, and to help the community. My child tries to also help himself/herself by staying healthy (eating right, exercising, getting enough sleep).

Adapted with permission from the 4-H Study of Positive Youth Development. PI: Richard M. Lerner, Tufts University
We can work with the individual

- In any one domain, or in many, we can struggle
- It may also be our relative strength
Lots of manuals

Where’s the evidence?

- Overall effectiveness of CBT
  - Recent systematic review and meta analysis (Weston, Hodgekins & Langdon, 2016)
    - 48 studies met inclusion criteria
    - High risk of bias
    - 24 studies addressed affective problems
      - 17 were < 18 years
      - 15 group based
      - 19 targeted anxiety
      - 14 were RCTs
      - Small to medium effect sizes, when using informant report or clinician ratings
Where’s the evidence?

- CBT reduces symptoms of anxiety
  - Most between 8 – 15 years of age
  - Usually 14-16 sessions, but can go as high as 32
  - 50% to 70% show considerable improvement
  - We know little in terms of long term maintenance
  - Participants without ID

- Perhaps anger (Sofronoff, Attwood, Hinton, & Levin, 2007)

- Maybe emotion regulation

- ABA to shape behaviour, including reducing maladaptive behaviour, evidence base throughout development (Wong et al. 2013)
  - Focus on shaping individual behaviour, but also address contingencies with environment and antecedent strategies can involve altering the environment
Categories of issues and challenges reported by therapists

- Rigidity or B&W thinking
- Pacing (needing to go slower)
- Communication issues (e.g., literal use of language)
- Problems with therapeutic relationship
- Adaptive or including written materials
- Difficulty recognizing and understanding emotions
- Co-occurring problems and problem identification
- Difficulties generalizing
- Systemic factors
- Not completing homework
- Sensory issues

CBT to focus on emotion regulation
An RCT to evaluate CBT targeting emotion regulation: SAS:OR

The Secret Agent Society: Operation Regulation was developed by Dr. Renae Beaumont (University of Queensland, Australia), based on the evidence-based Secret Agent Society.

Support from the CIHR Chair in ASD Treatment and Care Research
Review of Materials

• Handbooks
  • Cadet Handbook
  • Parent Handbook
  • Teacher Handouts
  • Facilitator Manual
  • Weekly therapist forms
  • Weekly parent/child feedback forms

• SAS-OR Session Materials:
  • Challenge Card
  • Manipulatives: Codecards, holder, stress ball
  • Emotionometer and Stickers
  • Computer game
Parent report of ER

- Overall emotion regulation in social situations (ERSSQ)
  - $F(1, 57) = 12.94, p = .001, d = .96$

- Pairwise
  - TI change, $p < .001$ vs WLC change, $p = .59$
Clinician ratings

- Overall **psychiatric symptom** severity (ADIS Severity Score)
- \( F(1, 57) = 4.56, p = .04, d = .56 \)

- Pairwise
  - TI change, \( p < .001 \) vs WLC change, \( p = .54 \)
Where’s the evidence?

- Recent attention to mindfulness-based therapy (Cachia et al. 2016)
  - 6 studies identified: 3 pre-post design, 2 multiple baseline design, 1 employed an RCT
  - Anxiety and thought problems in children
  - Aggression, well-being and social responsiveness in teens
  - Reduced anxiety, depression and rumination in adults
But

• **CBT (ERP) vs. anxiety management therapy** to address OCD in teens and adults with autism (Russell et al. 2013)
• **CBT vs. non-directive person-centered counselling** to address anxiety in teens with autism (Murphy et al. 2017)
• **CBT vs. MBSR** to address anxiety and depression in adults with autism (Sizoo & Kuiper, 2017)
• **Group CBT vs. group recreational activities** for adults with autism to improve quality of life, self-esteem and psychiatric symptoms (Hesselmark, Plenty & Beejerot, 2014)
• **CBT vs. a social recreation program** in adolescents with autism to address anxiety (Sung et al. 2011)
• **CBT vs. treatment as usual** to address anxiety disorders in adults with autism (Langdon et al. 2016)
MYMind: Parent-youth concurrent treatment

Youth
• awareness, self-control, distress tolerance

Parents
• impact of reactivity, attend to youth non-judgmentally, acceptance of youth and their own feelings about parenting

Funded by Kids Brain Health Network (formerly NeuroDevNet)
Where’s the evidence?

- Psychotropic medication use (Jobski, Hofer, Hoffman & Bachmann, 2016)
  - 47 studies
  - Some evidence for “ASD related irritability” children and teens, ADHD medication for ADHD symptoms in ASD
  - Evidence for anti-depressants is very limited

- Many reviews seem to suggest the need for far more work and some form of caution in use of medication to address mental health problems (Dove et al., 2012; McPheeters et al., 2011)
We can work with broader contexts

- Context matters greatly

Positive people
Positive places
Collective activity
Positive opportunities
Personal resources
Social inclusion
Institutional resources
Parental positive affect is a resiliency factor.
Positive peers

• Peer relationships or supports
  • The challenge of inclusive education (Rotheram-Fuller, Kasari, Chamberlain & Locke, 2010)
    • Less likely to be accepted and fewer reciprocal friendships
    • More likely to be isolated or peripheral to social relationships, with increasing isolation with grade
  • “Promoting children with ASD’s skills in popular activities to share with peers in early childhood may be a key preventive intervention…”

• Social inclusion is the experience of belonging while participating in meaningful social activities
Positive peers

**Theme 1: Connectedness**

**Theme 2: Training in Sport**
Positive people

• Mentorship programs
  • SFU’s Autism Mentorship Program
  • York U’s Asperger Mentorship Program

Supporting students on the autism spectrum
student mentor guidelines

By Catriona Mowat, Anna Cooper and Lee Gilson
Positive opportunities

• Self-reported recreation activities as moderator of the relation of perceived stress and QoL in adults with autism (Bishop-Fitzpatrick, Smith DaWalt, Greenberg, & Mailick, 2017)


*Figure 3.* Mother-reported recreational activities moderates the association between perceived stress and QoL in adults with ASD.
Working with communities
SAIT cooks up job opportunities for students with autism

JAMIE KOMARNICKI, CALGARY HERALD 06.12.2014 |

Bridgette Biddell cuts vegetables during her class at SAIT Polytechnic as part of a pilot project to train four students with autism spectrum disorder. LEAH HENNEL

With a practised hand, Colin Bradford chops bunches of cilantro into tidy little piles.

http://bcove.me/0y5opj7c
Final thoughts

- Skills to manage stress
- Good physical health and physical activity
- Sense of control over one’s life
- Reciprocal, non-stressful relationships
- Caregivers who are nurtured and supported to promote mental health in those they care for
- A safe place to live and learn
- An environment with limited stresses
- Meaningful activities in community
• Identify at least two things you learned during this presentation to apply in your personal or professional life.

• Identify three steps you will take in the next month to implement what you learned in your personal or professional life
Thank you!
Questions?

http://asdmentalhealth.blog.yorku.ca/
http://www.tedxyorkusalon.org

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References


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