

Beyond Behaviors:
 Understanding and Supporting
 the Mental Health Needs of
 Autistic Individuals

Sharon Hammer LPC and Lisa Hoeme LPC
 Imagine a Child's Capacity, LLC



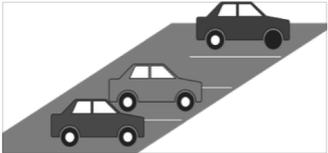
Our background

Sharon Hammer

Lisa Hoeme

Our format and expectations for today

- Taking care of yourself
- Activities
- Questions – Parking Lot



Disclaimer



Learning Objectives

- Develop an understanding of diagnosis of Autism and Autistic neurology
- Identify stressors that could effect mental health in individuals with autism
- Examine specific tools for autistic people that maintain mental health

Learning Objectives Continued

- Identify contributing factors to anxiety and depression in individuals with autism
- Understand symptom presentation of common mental health concerns that co-occur with autism and how they may present differently
- Develop skills to individualize treatment strategies to match the individual and their neurology
- Increase knowledge of effective treatment options and providers

"That is just a behavior"

- If you say something is just an "autistic behavior" you give yourself permission not to address it.
- It is never just because of the "autism" or just the "behavior"
- If we stop here, it writes off individual's humanness and complexity
- If we stop here, we are doing it wrong, we are hurting people



Our language today

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



We MUST listen to autistic people...



ASK AN EXPERT



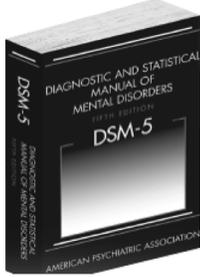
WHAT DOES YOUR THERAPIST DO THAT IS HELPFUL FOR YOU?

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

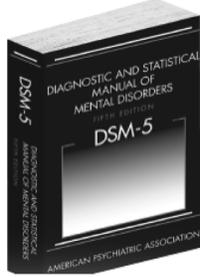
The Diagnosis of Autism

DSM-5

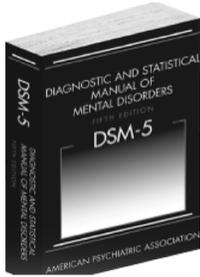
- Categorized as a neurodevelopmental disorder.
- A. Persistent deficits in **social communication** and **social interaction** across multiple contexts, as manifested by the following, currently or by history
- B. **Restricted, repetitive patterns of behavior**, interests, or activities, as manifested by at least two of the following, currently or by history



- C. Symptoms **must be present in the early developmental period** (but may not become fully manifest until social demands exceed limited capacities or may be masked by learned strategies in later life).
- D. Symptoms cause clinically significant **impairment in social, occupational, or other important areas of current functioning**.



- E. These disturbances are not better explained by intellectual disability (intellectual developmental disorder) or global developmental delay. Intellectual disability and autism spectrum disorder frequently co-occur; to make comorbid diagnoses of autism spectrum disorder and intellectual disability, social communication should be below that expected for general developmental level.



Some history on the DSM

- In the 1970's medications were discovered that might be helpful for treating individuals with certain mental health diagnosis.
- Drug research was in demand
- Researchers needed research diagnostic criteria in order to make sure that the individuals they were working with were similar
- This need morphed into the DSM III, which was a modest manual and an attempt to place some order in what had been chaos.

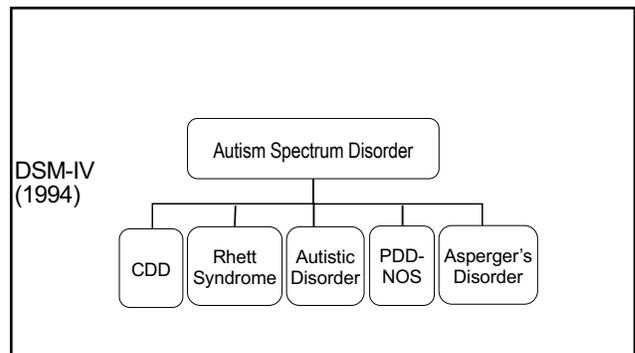


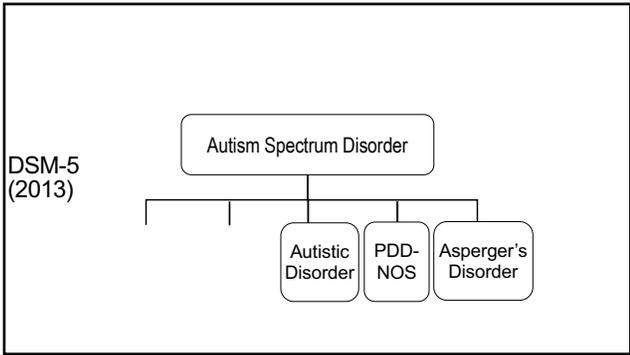
The preamble states

Some history on the DSM

- This is just a list of symptoms these are not valid illnesses.
- These are just a list of problems they are too inaccurate to ever be used for forensic or insurance purposes.

When the DSM-IV was published this preamble disappeared during the editing process, and the manual that was originally created for the purpose of research is now used predominately for insurance reimbursement.



"...the core of autism is sometimes missed, due to a tendency to focus too much on the behavior of people with autism (often even details of that behavior) without sufficiently taking into account what is happening in the mind of people with autism"

--Peter Vermeulen

Understanding Autistic Neurology

Storing and retrieving of information

Visual Thinking

- Visual thinkers - (Frith and Happe, 1999, Grandin 1996, Willey 1999)
- Information may not be stored verbally
- Some people have no way of storing verbal information at all (Attwood)

Concrete Thinking

So much of typical mental health concepts are abstract

Black and White Thinking

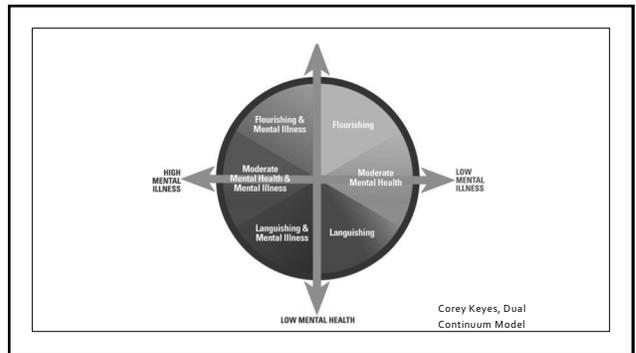
Access Differences

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

Mental Health vs Mental Illness

Mental Health: Our mental well-being: our emotions, our thoughts and feelings, our ability to solve problems and overcome difficulties, our social connections, and our understanding of the world around us.

Mental Illness: A condition that meets diagnostic criteria that significantly affects that way people think, feel, behave, or interact with others.



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

70%

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

Fulfillment



Freedom

Meaning

Happiness

Independence

Being Valued and Understood

What this includes:

How do we measure what is NORMAL?

People in the majority get to decide!



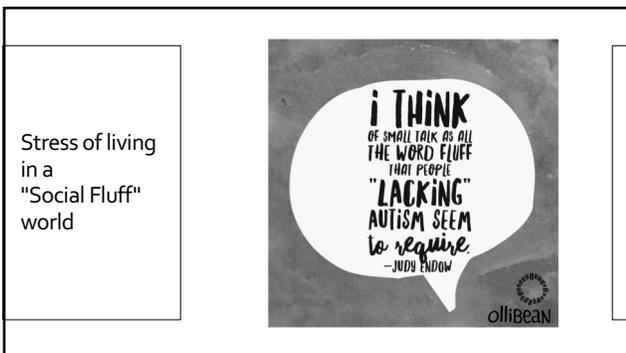
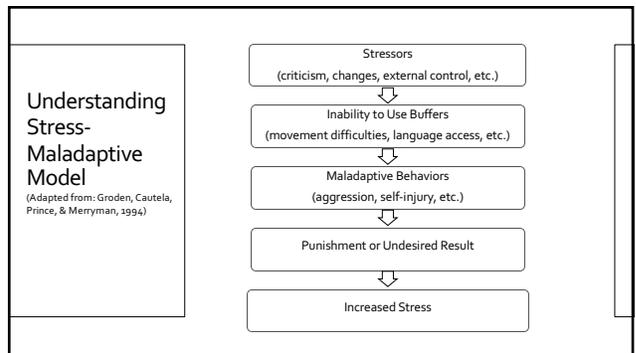
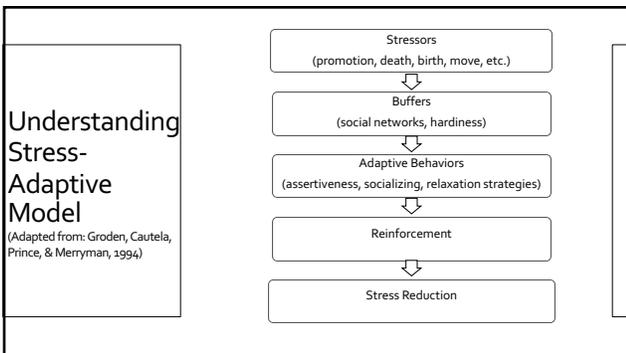
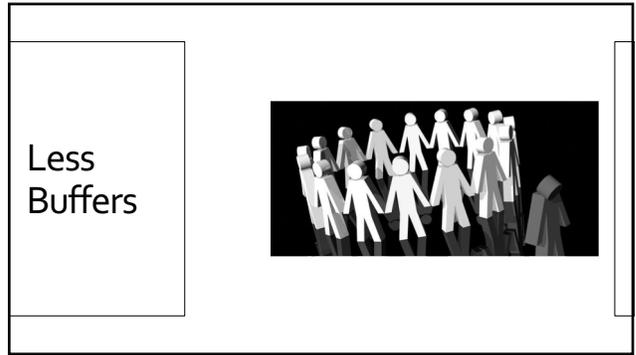
And actually...



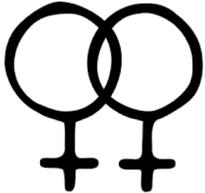
• "Many autistics are told that they are broken, diseased, and dysfunctional. This is simply untrue. My wish for all autistics is that they will realize their self-worth and not believe the myth that they are someone that needs fixing."

-Patti Shepard

Autism Specific Stressors That Can Impact Mental Health



Higher LGBTQI



- Individuals with Autism Spectrum Disorder (ASD) report increased homosexuality, bisexuality, and asexuality
- 69.7 non-heterosexual vs. 30.3 non-heterosexual
- Stokes, George 2018

Bullying



- 63%
- Kennedy Krieger Institute in Baltimore and Johns Hopkins University, 2014

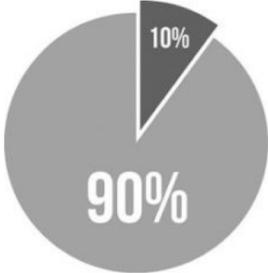
Masking



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

• Christa Holmans

Underemployment



Autism Speaks, 2019

Neurotypical Mistakes

- Thoughts, actions, behaviors that NT's engage in that unintentionally cause misperceptions of and confusion or difficulty for individuals with autism.



"Treatment"



Autistic Neurology and Trauma



- (the autistic brain)... "Is primed for the trauma response". - Cox

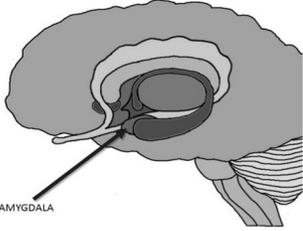
Autism and Adverse Childhood Experiences
(Hoover and Kaufmann, 2018)

- People with autism have a higher risk of adverse childhood experiences
 - financial hardship
 - mental illness or substance abuse in their families
 - parent separation or divorce
- These have been consistently linked to immediate and lasting health disparities, including post-traumatic stress disorder (PTSD), anxiety, depression and other mental health issues.

Larger and denser amygdala

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

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



-Children with autism show an increase in anxiety chemicals in response to stressors (cortisol particularly) (Spratt et al 2011)

-Triggering more quickly and intensely, so spikes trigger fight or flight more easily, shutdown of the frontal lobe and rational thinking (Spratt, et al 2011)



On-going trauma

- Social exclusion and bullying
- Sensory insults
- Constant need for vigilance changes the structure of the brain
- The person does not know when the next rejection or attack will come from



Movement Differences

- Starting
- Executing
- Continuing
- Stopping
- Combining
- Switching

} postures
} perceptions
} speech/language
} movements
} emotions

Based upon work by Leary and Donnellan, 2014

Sensory System Differences

My nervous system was constantly under stress. I was like a frightened animal, and every little thing triggered a fear reaction.

-Grandin, 2006





Sensory Systems

- Sight
- Taste
- Touch
- Hearing
- Smell

- Proprioception
- Vestibular
- Interoception

Let's try it...

PRE-READER DESCRIPTOR MENU
MY HANDS AND FINGERS CAN FEEL!

COLD	WARM	TIGHT	LOOSE
SQUEEZING	FAST	SLOW	SWEATY
DRY	MESSY	CLEAN	SORE

Possible Sensory Processing Differences

- Over registration – hyper responsive
 - (input comes in TOO BIG)
- Under registration – hypo responsive
 - (input comes in TOO SMALL)
- Modulation issues
- Mono channel
 - Adapted from Atwood, 1989

Habituation



A process by which people reduce responses to various stimuli upon repeated exposure

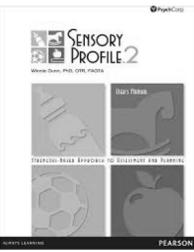
- Research demonstrates that individuals with autism may fail to habituate to a repeatedly presented stimuli and/or habituate more slowly.
- Baron, Groden & Groden, Lipsett, 2006

Sensory Profile 2

Identify and document how sensory processing may be contributing to or interfering with a child's participation at home, school, and the community.

Contribute valuable information to a comprehensive assessment of the child's sensory strengths and challenges in context.

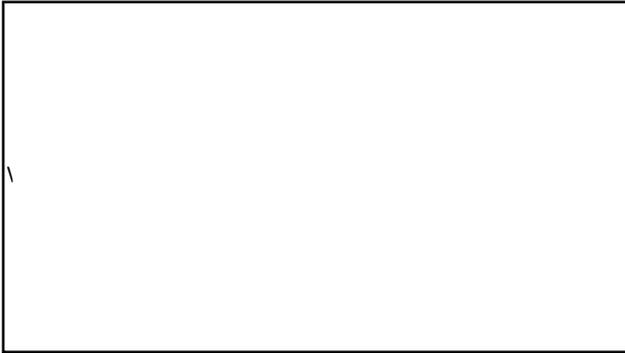
<https://www.pearsonclinical.com/therapy/products/100000434/adolescentadult-sensory-profile.html>



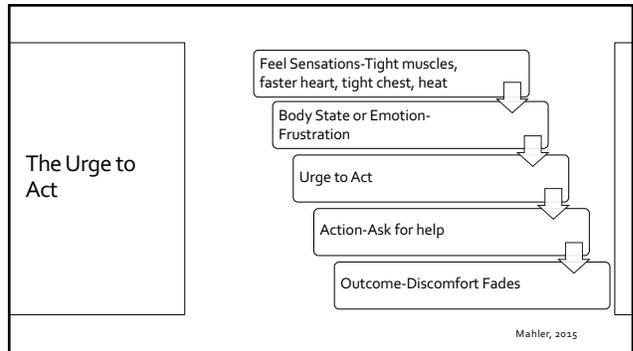
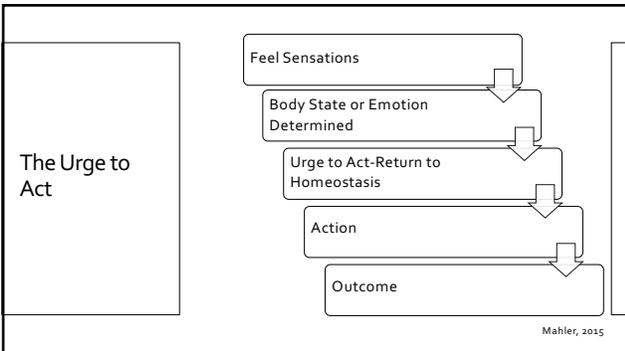


Allows us to “feel” our internal organs, skin and gives us information regarding the internal state or “condition” of the body (Craig, 2002)

Can sense a variety of general and localized feelings



There is a clear link between sensing body signals and accurately identifying emotions. Without the body signals, it can be difficult to detect what emotion is currently present.



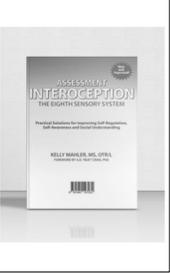
-Lexie, a 25 year old woman with ASD shared in Mahler, 2015

"Before I developed better IA (interoceptive awareness), my body felt like it was not an important part of me. I did not like looking into mirrors. When I looked in the mirror, I knew intellectually that the image I saw was of me, but I didn't relate emotionally to what I saw. My reflection looked vaguely wrong, like I thought I looked different from how I really did."

Interoception and Emotions

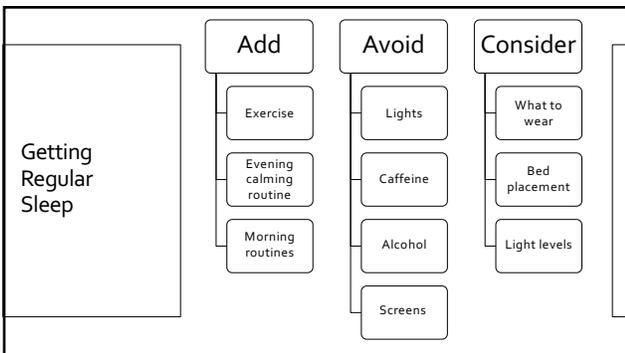
- An intact interoceptive system allows us to clearly feel emotions in the body (Craig, 2002)
- Being able to differentiate our body sensations and make sense of them allows us to make distinctions between emotions
- People with interoceptive systems that do not provide clear signals often have a difficult time with emotional awareness. Without the body signals, they may not notice subtle changes or differences in the way each emotion feels.
- This can make it very difficult for someone to regulate their emotions.

Mahler, 2015



- Assessment tool to identify interceptive challenges
- Available through AAPC publishing
- <https://aapcpublishing.net/interception-assessment-forms.html>

Maintaining Mental Health



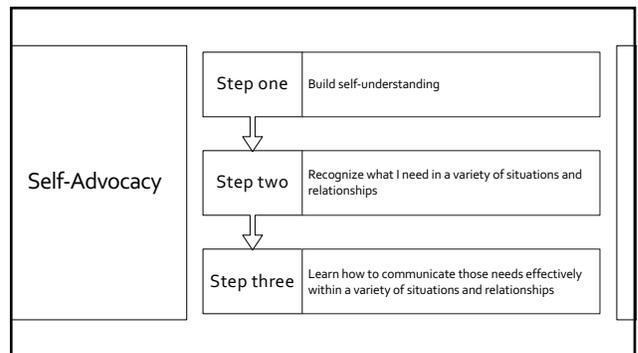
Mindfulness



Pets



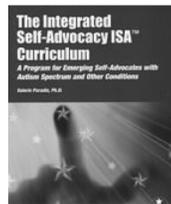
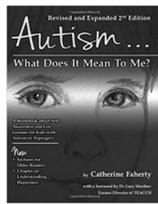
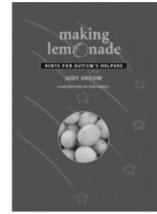
- Autistic people with pets have wide range of benefits including emotional, psychological, physical, and physiological.
- (Morrison 2007)



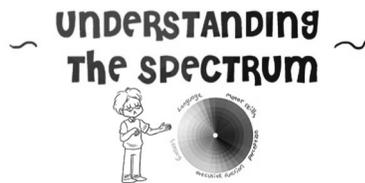
Learning about Autism

- Reading books
 - Stories about others (real and fictional)
 - Self-discovery inventories/workbooks
- Participation in sensitivity activities
- Watching videos
- Doing research
- Meeting other people with similar experiences
- Self-comparison to the experience of others

Some Resources to Use



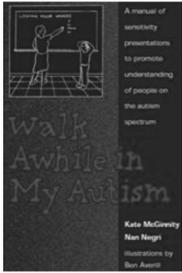
<https://geekclubbooks.com/understanding-autism/>



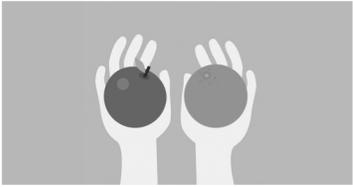
But we will need to...



Sensitivity Trainings



Choices and Control



Feeling and Being Valued

Affirmations

- Positive statements about oneself
- Written or spoken
- Repeated in thought



Benefits of Affirmations

- Corrects perception of imperfection
- Increase in self-esteem
- Evoke positive emotions
- Shifts mind from negative to positive
- Can be calming
- Increases skill acquisition & performance

Writing Implementation Tips

- Affirmations are stated positively
 - I am calm vs. I am not anxious
- Keep them short, simple & clear
- Keep them concrete & true
- Support building alternative responses

Affirmation Sample

	I am gentle with my hands.
	I am great at sharing.
	I am creative and fun.

	I am wonderful
	I am smart!
	I breathe deep and I am calm

Other Ideas for Affirmations

	Keep an affirmations journal or book for each child- they can make entries or you can make one in their book when they do something they can be proud of!
	Affirmations Jar- write affirmations down and pull one out each day
	Do affirmations partner activities where kids draw or write about something they like about a friend

I am brave
I am strong
I am me!

A story for Nicky ★

When I wake up in the morning, I tell myself..

- I am brave
- I am strong
- I am ME!



I am worthy of celebrating myself ★



I can do things that make me feel good!



When I'm feeling overwhelmed I can take care of myself ★




I am brave
I am strong
I am ME!



Resilience



West Virginia Autism Training Center, 2019

- What are the arrows being shot at you?
- Who or what is shooting those arrows?
- What makes up the shield you use to block the arrows?
- Do you have more than one shield? And if not, how can I help you create another one?
- When and where is it safe to remove part of your armor?



West Virginia Autism Training Center, 2019



Finding their Tribe

Mental "Bank" (Tony Attwood)



Withdrawal	Deposit
Not sleeping (80)	Walking (20)
School (90)	Reading (90)
Creeds (70)	Painting (30)
Noise (80)	Origami (50)
Brightness (50)	Solitude (80)
Shopping centers (50)	Callin (80)
Swimming pools (80)	Cat cuddles (20)
Hot days (50)	Crave-sitich (20)
Rushing (70)	Chosen noise (50)
Pain (90)	Time with mum (50)
Change (90)	Rug rolling (10)
Screens (50)	Miss Dani (20)
Sport (70)	Accomplishing hard things (90)
Social events (80)	Leap alone (50)
Business (60)	Noise-cancelling headphones (50)
Appointments (70)	Tactile play (50)

Journaling



Evening Journal

As I finish up my day, I realize that I:

- Feel calm, and enthusiastic about the day
- Feel somewhat calm, but with a controllable level of anxiety, frustration or other similar feelings
- Feel overwhelmed—or close to overwhelmed—and probably should do something that will help me relax

One thing that occurred today that I feel good about:

One thing that occurred today that I did not expect or was hard:

If I had the event to do over again, I would do it

- The same way
- Differently, and here's how:

Adapted from: Virginia Autism Training Center, 2019

Physical Exercise



LUNCH



Co-Occurring Diagnosis

First Ask...

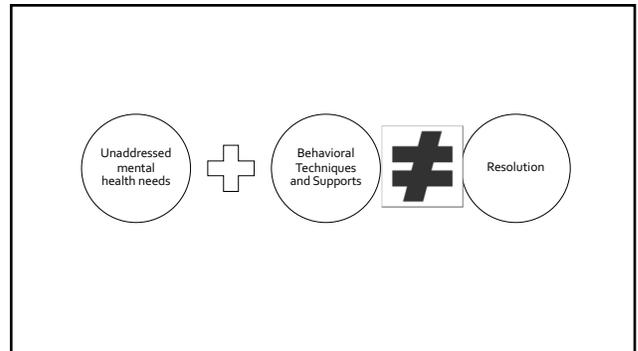
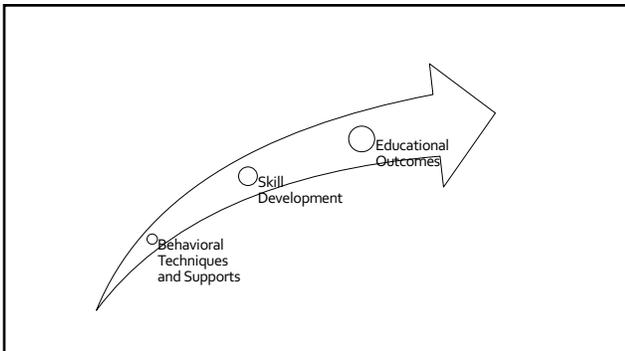
When do we wonder about the presence of a co-occurring condition?

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

Issues with diagnosing

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

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



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

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

Autism Spectrum Disorders: A research review for practitioners, edited by Sally Ozonoff, Sally Rogers, Robert Hendren, 2003

What we can learn from field of Trauma Treatment

- Many of the same neurodevelopmental issues and deficiencies in the brains of young children who have endured trauma.
- Same effective treatments – mindfulness, movement, sensory and whole-body approaches
- Management of the trauma must come first, before skill development
- Social dosing

Anxiety Disorders

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

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

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

How is anxiety expressed by people with autism?

Stress Survey Schedule

- The Stress Survey Schedule, developed by the Groden Center designed to measure stress in the lives of individuals with developmental disabilities.
- Measures the intensity of an individual's stress reaction to a number of antecedents or events.
- Can be filled out by the individual, parents, teachers, therapists, staff and/or other caregivers.

A "5" Could Make Me Lose Control

Written or picture cards of potentially stressful situations can be sorted by the individual into stress level categories

-Buron & Curtis, 2008

DSM-5 Generalized Anxiety Disorder

- Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least
- 6 months, about a number of events or activities (such as work or school performance).
- The individual finds it difficult to control the worry.
- The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months

DSM-5 Generalized Anxiety Disorder

- The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.
- The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).
- The disturbance is not better explained by another medical disorder

Specific Phobias

- Specific phobias (30–44%) in autism, vs 5% in non-autistic children, more common in females
- Fears that cannot be reasoned away and lead to active avoidance of situations
- "Out of proportion?"

Mayes, S. D., Calhoun, S. L., Aggarwal, R., Baker, C., Mathapati, S., Molitoris, S., & Mayes, R. D. (2013). Unusual fears in children with autism. *Research in Autism Spectrum Disorders*, 7, 151–158.

Specific Phobias

Obsessive Compulsive Disorder

- Co-morbidity rates are estimated to be around 17% for autistic individuals vs. 1.8% in the general population
White, Oswald, Ollendick, & Scahill (2009)
- Can be very difficult to assess and differentiate
- Critical feature of OCD: Compulsions are driven by fear and may provide "temporary" relief but obsessions will come back stronger the longer the cycle continues

Obsessive Compulsive Disorder

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

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

Example:
Flipping a light switch on and off

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

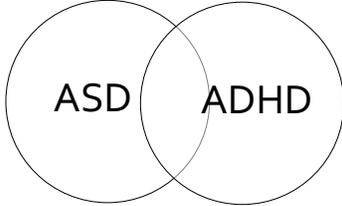


Tic Disorders

- Among individuals with ASDs, 22 percent presented tic disorders:
 - 11 percent with Tourette disorder (TD)
 - 11 percent with chronic motor tics.
- Tics and Tourette syndrome in autism spectrum disorders, Roberto Canitano and Giacomo Vivanti, Autism 2016 11:1, 19-28

<p>Tic Disorders</p> <ul style="list-style-type: none"> • Onset usually school age • Motion is often asymmetrical and irregular • Usually sudden and brief • Often vary a great deal over time, shift from one to another or wax and wane • Person may try to suppress • May see anxiety 	<p>Autism</p> <ul style="list-style-type: none"> • Onset in infancy and toddlerhood • Motion is often symmetrical and patterned • Usually not as abrupt and last longer • Often stay similar over time • Often calming to the person
---	--

Attention Deficit Hyper Activity Disorder



- Studies show significant overlap between the two diagnoses
- 30 and 50% of individuals with ASD manifest ADHD symptoms (particularly at pre-school age)
- Estimates suggest two-thirds of individuals with ADHD show features of ASD
- Davis and Kollins, 2012

Depression affects almost 20% of young adults with autism.

Dheeraj Raj, of the University of Bristol, findings published online August 31, JAMA Network Open

- Symptoms of depression may hide behind common features of autism.
- Symptoms may differ from textbook examples.

Depression

- Depression may be missed in autism because if “flat” affect
- Much less likely to realize they are depressed the neurotypicals

Suicidality:
 14% of children with autism had suicidal ideation or attempts

2/3 adults with Asperger's suicidal thoughts.
 Cassidy et al 2014

- Risk factors were male, ≥10 years, black or Hispanic, and lower SES.
- Depression, behavior problems, and being teased were associated with ideation and attempts.
- Autism severity or IQ did not alter the frequency of ideation and attempts.

- Do not assume they don't mean it
- May not be able to communicate feelings of hopelessness or may not do so in conventional ways
- Might be less planful and more impulsive

Suicide Hotlines

If you or someone you know is in suicidal crisis, call a suicide hotline (toll free, 24 hours/day, 7 days/week).

1-800-SUICIDE (784-2433)
 1-800-273-TALK (8255)
 1-800-799-4TTY (4889) for hearing & speech impaired

Crisis Text Line

Text HOME to 741741

for free 24/7 crisis support in the US

Psychosis

- About 1 in 100 people in general population
- 3 in every 100 autistic people
 - Zheng Z. *et al.* (2018)
- Can be difficult to diagnose
 - Sensory differences, many autistic can hear and see things that neurotypicals cannot
 - Meltdowns can be mis-interpreted
 - Visual thinking

ASK AN EXPERT



WHAT DOES YOUR THERAPIST DO THAT IS HELPFUL FOR YOU?

- "My therapist meets me at the door, shows me where to wait, introduces me to anyone that I might be sitting with, and hands me my session agenda. This allows me to visually review the plan before we start."
- "My therapists makes sure that the room is ready for me. She takes all the clutter out of our space and makes sure the chair I want is in the spot I like in the room."
- My therapist makes sure the window is open, so the room isn't too hot."
- "My therapist is consistent in as many ways as possible, appearance, environment, time of session, etc."

Treatment

Past experiences

- Unsuccessful treatment
- Asked to leave treatment spaces



What to look for in a therapist...

Use a Visual Schedule

- May need to be same time every visit
- If changes need to occur
 - Foreshadow
 - Make it visual



Treatment Space Considerations

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

Considering Boundaries

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



Timing

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



Questions

- Limit open ended
- Multiple choice
- No right answers

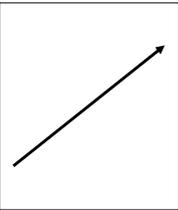
Having Notes and "Homework"

- Useful for generalization (Aston 2003)



Preparing for Progress and Noting Progress

Expected Progress



Actual Progress



ASK AN EXPERT



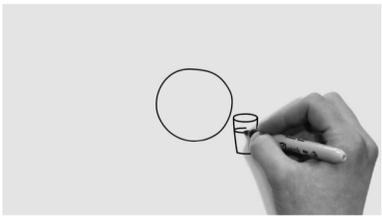
WHAT DOES YOUR THERAPIST DO THAT IS HELPFUL FOR YOU?

- "We have a weighted blanket, hand fidgets and swings in the space that I meet with my therapist."
- "We can move during session."
- "We can take breaks in sessions."
- "My therapist talks to me about my interests and let's me teach her about them when she doesn't know as much as I do."

Strategies and Ideas for Your Tool Box

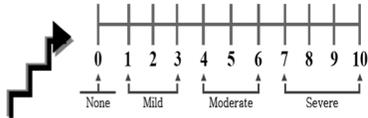
Making it visual

Slowing it down



Visual scale

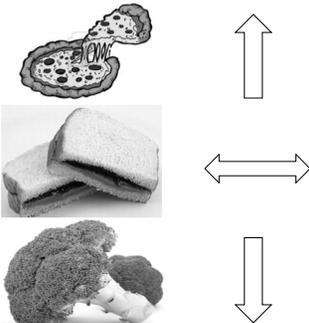
• "On a Scale of 1-10 how are you feeling today?"



Individualizing



Individualizing



Making Abstract Concepts More Tangible: Balloon full of Anger

Helping clients understand what anger is and how to release it appropriately can be very important.

Using a balloons to represent anger can be an effective technique that provides a visual picture of what anger is and the force that it can have on oneself and one's environment. It can allow them to see how anger can build up inside and how, if it is not released slowly and safely, anger can explode and hurt them and/or others.

It can be an effective technique for individuals who have difficulty controlling their anger and for individuals who internalize their anger instead of expressing it.

Be aware of sensory sensitivity when using the technique with individuals on the autism spectrum.

(Kiss, 2015)



West Virginia Autism Training Center, 2019

Making Abstract Concepts More Tangible: Using Visual CBT to teach social communicational skills

Inside - Outside Boxes Inner-Outer Thoughts

- Put images and/or words on the outside of the box to represent the qualities and thoughts you share with others.

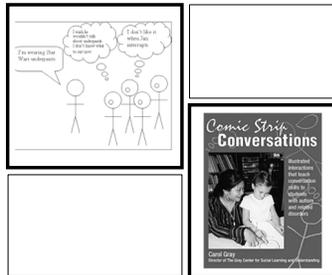
- Put images and/or words on the inside of the box that represent the inner qualities and thoughts that are hidden to most people.



(Kiss, 2015)

West Virginia Autism Training Center, 2019

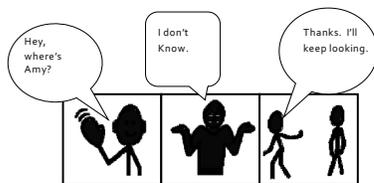
Comic Strip Conversations



Comic Strip Conversations

- Developed by Carol Gray
- An illustration of an interaction between two or more people that incorporates the use of simple symbols and stick figure drawings
- These drawings serve to illustrate an ongoing communication and provide additional support to students who struggle to comprehend the quick exchange of information that occurs in a conversation

By slowing down and visually displaying an interaction, a person can "see" and gain a sense of control and competence in a conversation.



Acting it out



Using special interests

Social Stories™ and Scripted Stories

Social Networking Safety

The internet can be a great place.
I can find information, have fun, and connect with friends.

There are a lot of people on the Internet that I do not know.
These people are called strangers.

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

To be safe, I will follow some basic guidelines

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

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

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

What are Social Stories™?

- Developed by Carol Gray in 1991
- It describes social situations in terms of relevant social cues and common responses.
- It is NOT meant to change behavior, but rather meant to clarify social expectations.
- A social story is physically, socially and emotionally safe for the audience

<https://carolgraysocialstories.com>

When to Use a Social Story or a Scripted Story

- The client is misreading social information
- The client needs directions about situations that are difficult for them
- The client has some approaching transitions

Emotions Dictionary

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

Video Modeling

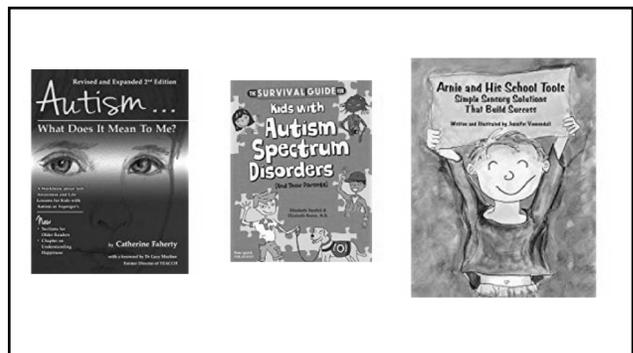
Specific Treatment Strategies

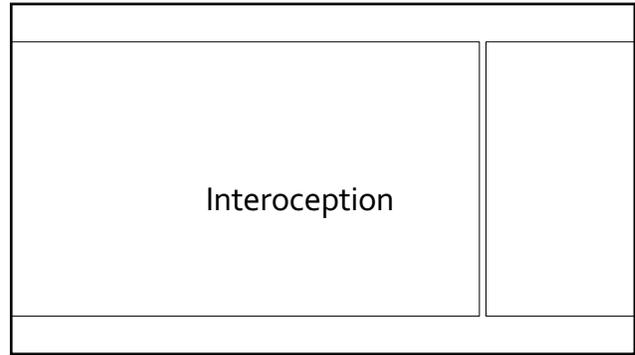
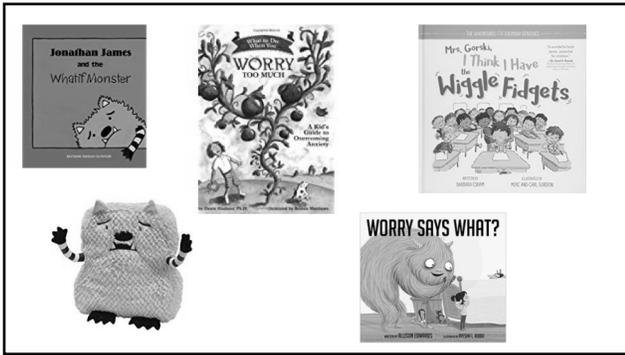
- ## Autism Research Based Treatment Strategies
- Psychoeducation
 - Interoception
 - Mindfulness
 - Cognitive Behavioral Therapy (CBT)
 - Dialectical Behavior Therapy (DBT)
 - Acceptance and Commitment Therapy (ACT)
 - Solution Focused Therapy
 - Creative expressive therapies
 - Movement, art, music
 - Peer mentoring

Better treatment outcomes achieved if treated by someone that has a "good" understanding of autism.
(Atwood 1998, Wing 1986)

- ## Role of Psychoeducation
- 
- Should play a central role in treatment
 - Helps facilitate change by increasing understanding
 - Symptoms
 - Treatment process
 - Ongoing and activity process

- ## Role of Psychoeducation
- 
- Use relevant and interesting material
 - Materials should be developmentally appropriate and culturally sensitive
 - Remember your knowledge of the individuals learning style and neurology





Underresponsive Interoception and Emotions

- Difficulty recognizing early signs of emotions or has "all-or-none" emotions
 - Not sensing subtle body changes such as faster heart rate or tense muscles, only senses them at the extreme
- Difficulty using calming strategies effectively, often too late once stress is finally sensed
 - If the client is not sensing early signs of stress, they are missing cues to use a calming strategy

Mahler, 2015

Underresponsive Interoception and Emotions

- When asked how a client's body feels during certain emotions, they are not able to answer with clarity
 - They don't feel subtle changes, may not recognize a variety of emotions because they haven't "felt" them before

Mahler, 2015

Over Responsive Interoception and Emotions

- Seems to panic after a short period of exertion
 - May be oversensitive to increase in heart rate and breathing, they may feel with a different intensity and cause stress
- Seems "over" dramatic when they have what appears to be a minor ailment
 - Internal signals are being amplified

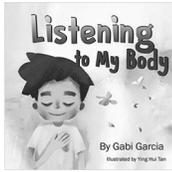
Mahler, 2015

Over Responsive Interoception and Emotions

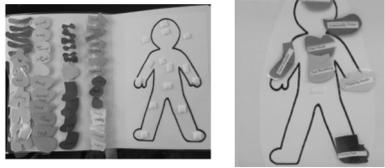
- When calm, the client is able to identify internal signals paired with emotions but then cannot do it when experiencing the emotions
 - When in the moment, the client is so sensitive to internal signals that he/she cannot distinguish one from another, becomes overwhelming, creates internal chaos
- The client can report internal sensations but not link them to emotions
 - Signals are too overwhelming and unclear, cannot detect relevant signals to determine emotion.

Mahler, 2015

Resources




Body Check Chart



<https://www.mahlerautism.com/interoception>

Body Part	What I Feel
Brain	Focused Distracted Dizzy Swirly Tense Fast Heavy Blank Stuck Scattered Light-headed
Eyes	Heavy Blurry Watery Stingy Itchy Squinty Teary Burning
Nose	Runny Stuffy Ticky Itchy Burning Dry Cold
Cheeks	Warm Neutral Red Hot Tight Loose
Mouth	Dry Sore OK Warm Cool Chapped
Jaw	Tight Achy Loose Need to Chew
Voice	Loud Fast Slow Yelling Scripting Talking Shut-off
Ears	Focused Sensitive Bothered Itchy Sore Distracted Shut-off
Skin	Sweaty Itchy Bothered Tight Dry Wet Warm Hot Cold Ticky Goose-bumps OK
Chest/ Lungs	Tight Tingling Burning Ticky Panting Slow breathing Fast breathing
Heart	Fast Slow Warm Pounding Swelling Full Heavy
Stomach	Content Growing Full Fluttery Tingly Nauseous Heavy Tight
Muscles	Tense Tight Relaxed Loose Heavy Sore Wiggly Antsy Bursting Hot Burning
Hands and fingers	Still Moving Twisting Squeezing Clenched Sweating Flapping Fidgeting
Feet and toes	Curling Wiggling Fidgeting Shaking Pacing Clenching Tapping Loose Hot Cold Sweaty

Heart Rate Games



- Explore how different movements impact the heart rate
- Can manually take pulse or use technology
- Goal: Increase awareness of heart related sensations
- Sentence starters:
 - My heart feels like...
 - The speed is...
 - It reminds me of...
- Expand by experimenting with what types of thing slow down their heart rate




Heart rate+ App

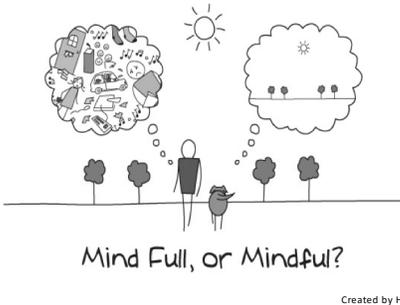


Body Part Spot Light

- Shine the flashlight on different parts of the body
- Try identifying the sensations felt in that particular area
- Use body check chart words for choices if needed



Mindfulness



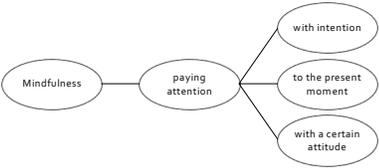
Mind Full, or Mindful?

Created by Henck van Bilzen

Automatic Pilot: Have you ever...

- Driven somewhere only to arrive and not remember details of how we got there?
- Stood in the shower and wondered if you had or had not already washed your hair or completed some other part of the routine?
- Walked into a room to get something, only to arrive and forget what we were getting?
- Dialed your phone and realized that you don't know who you were calling?

Mindfulness



```

graph LR
    A(Mindfulness) --> B(paying attention)
    B --- C(with intention)
    B --- D(to the present moment)
    B --- E(with a certain attitude)
  
```

Attention...

- Attending to the inner and outer experience of the present moment...the here and now
- Bringing yourself back to the present moment when you slip away into past and future thinking



In other words...

Making a choice to pay attention in a very special or careful way...

We can do this with our...

- Breath
- Senses (sound, sight, touch, taste, smell)
- Movements
- Thoughts
- Feelings
- Actions/Interactions

Bell of Mindfulness

- To begin, sit comfortably, close our eyes or look down at our hands
- When you hear the bell, listen as long and as carefully as you can
- When the sound has faded completely, place your hand on your heart space and feel each breath.
- When you hear the sound again, listen as long and as carefully as you can while you breathe.
- When you can no longer hear the sound at all, open your eyes, but stay quiet and still.

Potential Benefits of Mindfulness

- Helpful in treating anxiety disorders, depression, trauma and PTSD
- Has been shown to lower cortisol levels in the brain and body (Daubenmier, Hayden, Chang, & Caldera, 2004)
- Develop increased awareness of thoughts, feelings, and body sensations

Potential Benefits of Mindfulness

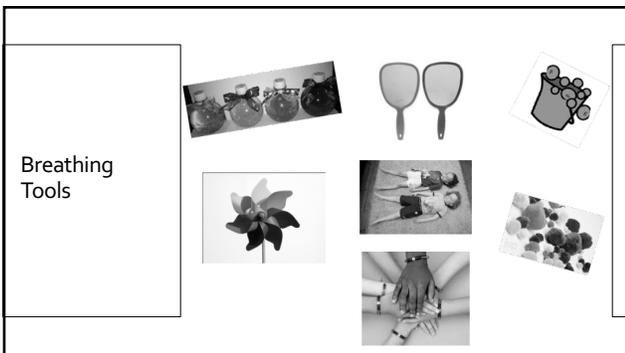
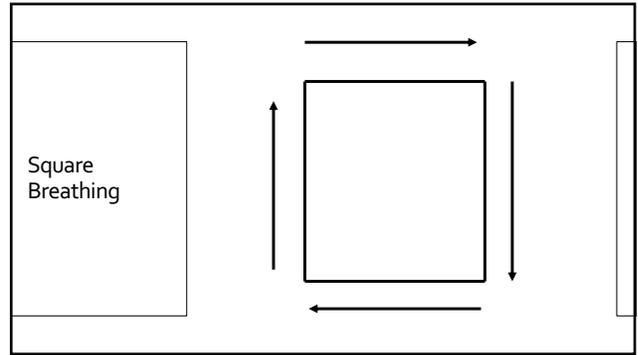
- Encourages us to slow down and attend to the present moment, instead of being caught in the past or the future
- Helps us to pause and think before acting
- Decrease in aggression

What does mindfulness require?

- Requires repeated practice, not a teach once or twice approach
- This can mean a few minutes each day and practicing as experiences and opportunities arise
- *To implement with others, requires the teacher, parent, therapist to have their own mindfulness practice*

Breathing Practices

- When regularly practiced, then can often work quickly to elicit a calmer state when a stressor is encountered
- They can be practiced anywhere
- Almost everyone has the prerequisite skill (breathing!)
- They can be used in the middle of stressful situation to stay calm.
- They can effectively reverse the physiological and mental aspects of a stress response

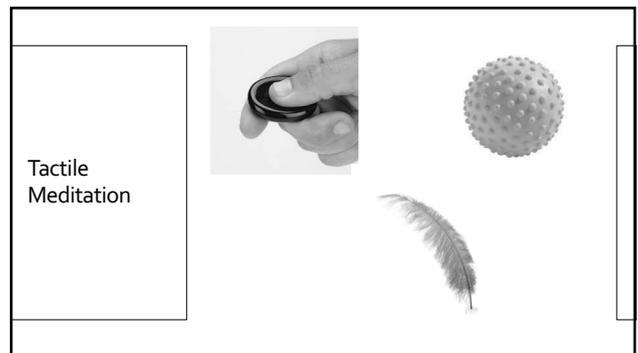


5 deep breaths visual support

<https://www.twinkl.com/resource/t3-s-044-ks3-i-can-take-five-breaths>

Soles of the Feet

- Stand or sit with the soles of your feet flat on the floor
- Shift your attention to the soles of your feet
- Slowly lift your toes up and then back down
- Feel the texture of your socks
- Feel where your shoes touch your feet
- Feel where your toes and heels touch the floor
- Keep breathing and focusing on your feet until the feeling passes and you feel calm.



Mindfulness Apps for your phone

Calmed

HEADSPACE
Guided meditation for everybody

Breathing Zone

STOP, BREATHE & THINK

PIP
<https://thepip.com/en-us/>

MUSE
<https://choosemuse.com/>

5 with 3 Meditation

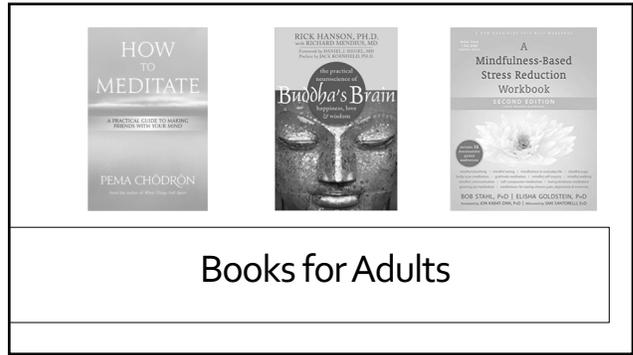
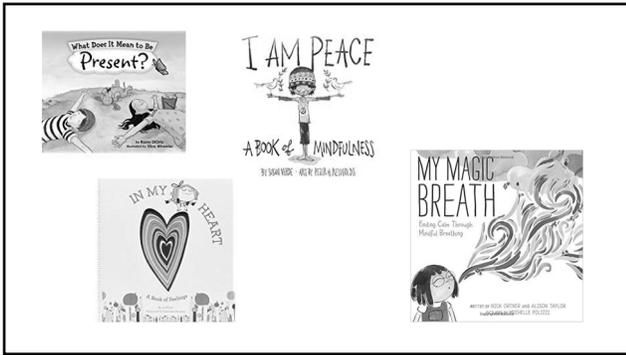
- Begin with a complete inhalation and exhalation
- Bringing your attention to your body as a whole, notice 5 things you can *feel*
- Shifting your attention to your sense of hearing, notice 5 things you can *hear*
- Moving to sight, notice 5 things you can *see*, perhaps things you've not noticed before
- End with a complete inhalation and exhalation

Remember to incorporate visuals...

5 4 3 2 1 Grounding Exercise

Loving Kindness with Finger Touches

- Choose a positive, kind 4 syllable phrase to repeat "May I be calm" "May I be peace" or "I am so calm" "I am so peaceful"
- As you say the first word of the phrase, touch your index finger to your thumb, then moving to the middle finger touching the thumb as you say the second word and so on.
- Work to pace the touches evenly with the pacing of your words
- Repeat several times



Books for Adults

Cognitive Behavioral Therapy

Working with Thoughts

When my Spy Glass gets TOO FOCUSED I need to shift my focus.

Ideas:

Toner, 2013

Cognitive behavior therapy is based on the idea that how people think (cognition) influences how they act (behavior).

Individuals learn how to recognize unhelpful thoughts and actions and how to use helpful coping strategies.

Cognitive Behavior Therapy (CBT)

CBT

- Cognitive Behavioral approaches are quantifiable and concrete
- Effective approach especially for individuals that have more access to communication skills (Attwood, 1998, 2003, Heflin and Simpson 1998)
- Helpful for...
 - Anxiety
 - OCD
 - Tourette's
 - Depression

Medications

- For some people medications are a helpful form of treatment for mental health concerns.
- The decision to use medication as a form of treatment should be made in consultation with the individual, family, and medical and/or mental health prescribing clinician.

Medication

⚠ Side effects greater

⚠ May need more or less than neurotypicals

⚠ Different effect than was intended

⚠ May need help to track effects

Other Therapy Methods – Autism Specific

- Talking and insight-oriented therapy less effective
 - (Jacobsen 2003)
- Psychoanalysis limited success
 - (Henley 2001, Ghaziuddin, Ghaziuddin, and Greden 2002)
- Groups Therapy only recommended if the goals are related to social skills
 - (Aston 2003, Attwood 2003, Hare and Paine 1997)

ASK AN EXPERT



WHAT DOES YOUR THERAPIST DO THAT IS HELPFUL FOR YOU?

- "My therapist works on things until I understand"
- "My therapist has spent time teaching me about my Autistic Neurology and how it works."
- "My therapist does not look uncomfortable when I rock or pace in the space, we are working in."
- "My therapist checks in with me to make sure I understand the language she uses."

THANK YOU!!!



imagine a child's capacity, llc

Sharon Hammer
Shammer@icc-wi.org

Lisa Hoeme
Lhoeme@icc-wi.org

References

- The Life Recovery Method, Cox 2016
- Counselling People on the Autism Spectrum: A Practical Manual, Paxton and Estay 2007
- Interoception The Eighth Sensory System, Mahler 2017
- The Guide to Good Mental Health on the Autism Spectrum, Purkis, Goodall, Nugent 2016
- Autistically Thriving Reading Comprehension, Conversational Engagement, and Living a Self-Determined Life, Endow 2019
- A "5" Could Make Me Lose Control, Buron 2007
- Autism: Sensory-Movement Differences and Diversity, Leary and Donnellan 2014
- Counseling Clients with Autism Spectrum Disorder, West Virginia Autism Training Center, 2019
- Walk A While in my Autism, MGinnity and Negri, 2005
- Painted Words, Aspects of Autism Translated, Endow, 2013