Addressing Mental Health Needs in Students with Autism Spectrum Disorders: A Toolkit for Educators

	Internalizing	Externalizing
Looks like:	• Health and body complaints • Anxiety • Fearfulness • Sadness/irritability	• Verbal or physical outbursts • Aggression • Task refusal
Common Disorders:	Emotional Disorders • Generalized anxiety • Phobias • Social anxiety • Depression	Behavioral Disorders • ADHD • Oppositional defiant • Conduct

This toolkit provides school personnel and related professionals with information, tools, and strategies to support students with autism spectrum disorder (ASD) and co-occurring mental health challenges.

Common Mental Health Concerns

The rate of mental health disorders in children with ASD is 4 to 6 times higher than the general population, and research shows that children with ASD often meet criteria for more than one disorder. Mental health concerns can be internalizing or externalizing. Externalizing behaviors also can be related to internalizing concerns, such as anxiety or sadness.

MORE INFO ▶ *For more information about ASD and co-occurring anxiety, depression, and ADHD, please visit our website (triad.vkclearning.org) and register to watch our basic online training sessions for School-Age Services (K-12) under the "Mental Health Focused for Professionals" category.*

Given the high rate of mental health concerns among individuals with ASD, it is important to prepare educators with evidence-based strategies[1] to better support students' learning needs and to set them up for success.

A more detailed review of this material and additional resources can be found in the online version of this toolkit, which can be accessed by registering for an account (no cost) at **triad.vkclearning.org** and accessing the information in the **School-Age Services** folder.

| School | Classroom | Ready to work | Lesson/story | Eating lunch |
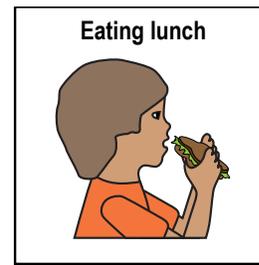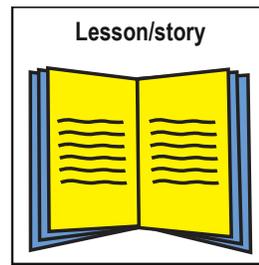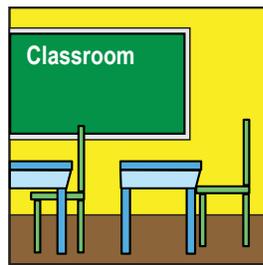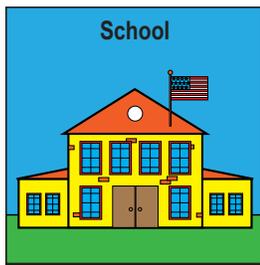
Sample visual supports

Set the Stage for Success

The classroom can be a confusing and busy place, particularly for children with ASD who may process information in the environment differently than their peers. This can be even more challenging for a student who also is experiencing anxiety, stress, or irritability.

Classroom modifications can increase predictability and clarify social rules or expectations. This, in turn, can decrease emotional discomfort, increase calm, and promote engagement in the class-room for students with ASD and mental health challenges.

There are several ways to accomplish this, including:
- creating physical and visual boundaries using tape or other clear barriers to highlight unspoken expectations,
- arranging furniture to clarify specific purposes for parts of the room,
- using visual supports (timers, cue cards) for abstract rules,
- minimizing distractions, including overwhelming wall décor, to promote focus and calm.

Other supports, such as visual schedules or task analyses, can help reduce distress related to unclear expectations, transitions, or change. Schedules can show a broad layout of the day or show students clear steps in an overwhelming task, such as getting lunch in a busy cafeteria.

> **MORE INFO** ▶ *For a review of classroom modifications, schedules, and task analyses, visit our website (triad.vkclearning.org) and register to watch our basic online training sessions for School-Age Services (K-12): "Environmental Arrangement," "An Introduction to Schedules," and "Using Schedules in the Classroom: Task Analysis."*

Teach New Skills

Students with ASD and co-occurring mental health concerns may struggle with using coping and emotion regulation strategies, particularly when feeling stressed, frustrated, anxious, or overwhelmed. It may be necessary to directly teach emotional well-being skills to our students, just like we do for subjects like math or reading. To do this, we create different opportunities to practice skills across settings and situations.

❏ **Emotion Identification**

Students should have a basic emotion vocabulary to identify and label emotions and later understand how these feelings may affect their behavior. This can help them more effectively show self-control during emotionally charged situations.

Depending on the skill level of the student, it may be helpful to use **visual supports** or **guided discussions** to help teach students with ASD to identify and label emotions. Visual supports may include pictures of emotions and playing basic sorting or matching games with emojis and feeling words on cards. Guided discussions can be done while watching favorite movie clips or cartoons or looking through preferred picture books. While looking at the movie or book, pause to reflect on emotions you see as they occur in the context of the story.

Keep in mind that pictures of emotions should initially be clear or even exaggerated examples given that recognition of others' facial expressions can be difficult for students with ASD. Some students may find it easier to identify cartoons (such as the exaggerated emotional reactions in comedies and children's shows) before moving to realistic or subtle emotion pictures.

As students gain fluency with emotion identification, they can begin to learn to label their emotions in real-life situations. Developing a **visual emotional scale** that shows feelings on a gradual scale can help students with ASD understand what the emotion looks like and feels like for them.

Developing a visual emotion scale helps students recognize common triggers and situations that lead to intense emotions and how emotions affect their bodies ("feels like") and behavior ("looks like") in different situations.

	Feels like:	Looks like:
5	I can't breathe	Kicking or hitting
4	Stomach hurts, heart beating fast	Screaming at people, almost hitting
3	Stomach hurts	Quiet, sometimes rude talk
2	Good, calm	Doing my work
1	Great! calm	Playing

Refer to "The Incredible 5-Point Scale" by Buron and Curtis (2012)[2] for more examples and information on developing emotion scales.

❏ **Coping and Self-Regulation Skills**

Strategies such as **diaphragmatic, or deep breathing and progressive muscle relaxation** can help students step back from a situation, calm their bodies, and focus their attention on something else when feeling worried or upset.

To initially teach self-regulation skills, such as deep breathing and muscle relaxation, be sure to set aside structured times when the student is calm and in a familiar environment.

Breathe in slowly through your nose, 1..2..3..4.

First, introduce, describe, and demonstrate the new skill. Students with ASD will likely benefit from seeing visuals of the strategy while it is described and demonstrated.

Role-play the skill with the student in this calm environment and provide feedback about the student's use of the skill.

Next, prompt the student to practice the skill at regularly scheduled times in the day when the student is not already visibly upset. Frequent practice and reinforcing feedback will help the student be prepared when the skill is really needed.

Lastly, prompt the student to use the skill when he or she is upset. Pairing this with a visual reminder can also help promote the student's independent use of the skill. Provide reinforcement immediately and often for students who are practicing the difficult task of self-regulation!
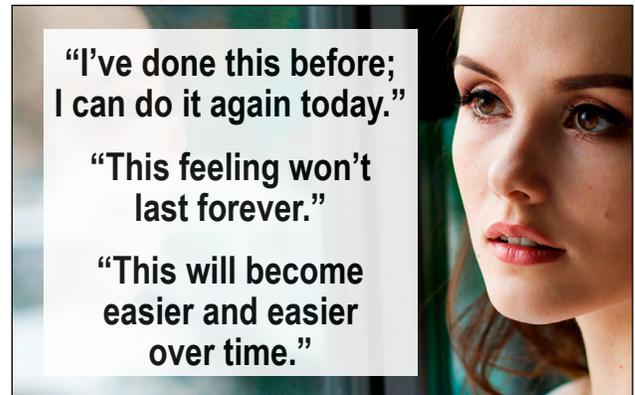
❏ **Distraction**

Distraction is a simple, effective way to help students manage stress during anxiety-provoking or upsetting situations.

Distraction should not be used to escape mentally from situations that are overwhelming. Rather, distraction should be used to help students practice being in uncomfortable situations, even if they have to "change the channel" of their focus. By staying in the situation, students can gradually learn that their fears do not always come true and good things can happen. For example, a student who used distraction to stay in a school assembly may find out that while the band was too loud in the beginning, they could still enjoy the games played at the end of the presentation.

Types of distraction differ across students. Some students may enjoy sensory-based activities, including bubbles, drawing, or interesting "fidgets."
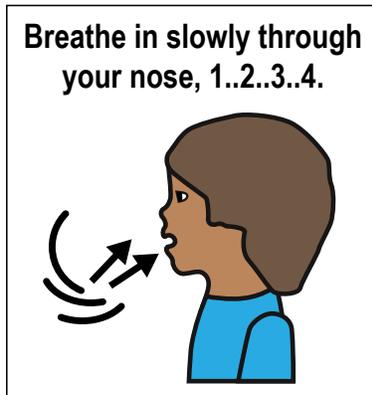
Other students may enjoy talking about preferred interests, sorting items related to their interests (e.g., Pokemon cards), or holding/reading books. Some students may find it helpful to learn positive self-talk or affirmative phrases that can replace uncomfortable thoughts, such as:

"I've done this before; I can do it again today."

"This feeling won't last forever."

"This will become easier and easier over time."

Learning to cope with uncomfortable emotions appropriately and independently using self-regulation strategies sets the stage for future skills, such as self-monitoring. The goal of self-monitoring is to have students self-observe their own emotions and/or behavior and record whether they were engaging in the goal behavior (e.g., coping strategies).

MORE INFO ▶ *Refer to the online Toolkit for Educators cited at the beginning of this handout for step-by-step scripts and visuals showing deep breathing and progressive muscle relaxation strategies.*

Additional information about self-monitoring as well as other strategies for managing student stress, including distraction and social stories, are also located in the online Toolkit.

Responding to Student Behavior

Educator behavior and responses to student behavior can have a big impact on how often we see both goal behaviors (e.g., emotion regulation strategies) and unwanted behaviors (e.g., work refusal, crying, tantrums).

Reinforcement and **prompting** are two ways that educators can direct high-quality attention to students' practice and use of emotion regulation strategies. These methods provide immediate, specific, and clear feedback to the student about his or her behavior in both practice and real life situations.

When students engage in non-goal behaviors (e.g., shutting down, screaming), we can use prompting to help them engage in the goal behavior. Once that occurs (even if it isn't perfect!), we can use reinforcement to communicate that this may be a better way for the student to respond in that situation.

❏ **Reinforcement**

Students often do things to please or help others, such as teachers, peers, or parents, or because they know it is expected of them. These social factors may not be as motivating for some students with ASD. So, we may need to include other types of reinforcement to support social and emotional learning and to increase motivation to practice challenging coping skills. Reinforcement includes anything that follows a behavior and increases the chance that the student will do the same thing again in similar contexts.

Reinforcement systems vary widely, but they must include several key components to be effective. These include:

- **Clearly state the goal behavior to reinforce**. For example, a goal behavior might be, "Use deep breathing for 1 minute to calm my body before asking the teacher for help during tests." Note that some students may need a visual cue or reminder of the goal.
- **Think creatively about what is reinforcing to your student**. Remember, what is reinforcing for one person is not necessarily reinforcing for another person.
- **Indicate progress toward the reinforcer**. Visually show progress toward the reward or privilege (e.g., with stickers on a chart, beads in a jar) paired with specific praise. The student should know what they're earning and why. For example, place a sticker on a goal chart and state, "I saw you practicing your breathing for a whole minute, it really seemed to cool you down. Nice work!"
- **Reinforce immediately**. Provide reinforcement immediately when the goal behavior is demonstrated, either with access to the reward/privilege or with a progress marker and praise. It is often helpful to have the reinforcer or a picture of it visible to students as a reminder.

❏ **Prompting**

When students are not yet successful at demonstrating a new skill, it is important to provide prompts for success so they can develop the skill and earn reinforcement for using it. Prompts range from least supportive (e.g., visual cues, gesturing to what's next) to most supportive (e.g., physical prompts, modeling).

Overall, the goal is to provide the least support that will lead to success, with the ultimate goal of decreasing support gradually so students can complete the task independently.

Information in this handout is designed to introduce educators to information, tools, and strategies to use to influence students' learning and functioning in the classroom. We encourage you to review additional information and to download resources available in the online Toolkit for Educators and to register to view other basic online training materials covering a range of supportive and mental health topics at our website triad.vkclearning.org.

References

[1]Wong, C., Odom, S. L., Hume, K., Cox, A. W., Fettig, A., Kucharczyk, S., … Schultz, T. R. (2014). Evidence-based practices for children, youth, and young adults with Autism Spectrum Disorder. Chapel Hill: The University of North Carolina, Frank Porter Graham Child Development Institute, Autism Evidence-Based Practice Review Group.

[2]Buron, K. D., & Curtis, M. (2012). The Incredible 5-Point Scale: The Significantly Improved and Expanded Second Edition; Assisting Students in Understanding Social Interactions and Controlling their Emotional Responses (2nd ed.). Shawnee Mission, Kansas: AAPC Publishing.