# Children with Co-occurring Autism Spectrum Disorders and Mental Health Disorders: Challenges and Solutions to Improving Practice, Training, and Policy

Marian E. Williams, PhD, Emily Haranin, PhD, Tamara Matic, PhD

Children's Hospital Los Angeles
CALIFORNIA LEADERSHIP EDUCATION IN NEURODEVELOPMENTAL DISABILITIES
USC University of Southern California

## Background

Children with autism spectrum disorders (ASD) are at increased risk for mental health disorders, with anxiety disorders and disruptive behavior disorders most prevalent (Joshi et al., 2010; Levy et al., 2013). However, children with co-occurring ASD and mental health disorders are underserved within the mental health system (Jacobstein, Stark, Laygo, 2007). Problems with accessing services to address their mental health needs stem from:

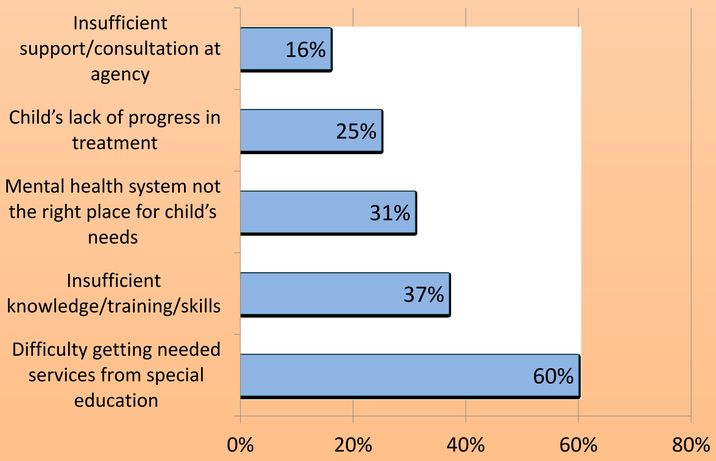
1. lack of trained mental health providers who feel equipped to treat children with ASD,
2. policies that separate funding for mental health care from funding for treatment of developmental disabilities, and
3. the need for more research on applications of evidence-based mental health treatments for children with ASD and dissemination of the research.

## Pilot Training in ASD and Mental Health

Training was provided to

- 111 mental health providers from
- 28 mental health agencies in Los Angeles County who serve children with Medicaid insurance
- Disciplines included:
  - Case managers & home visitors
  - Marriage and family therapists
  - Nurses
  - Psychiatrists
  - Psychologists
  - Social workers

**Barriers Encountered When Working with Children with ASD/DD**




## Training Topics Covered

**Foundations of ASD and Mental Health**

- DSM-5 diagnostic criteria
- Prevalence of dual diagnosis of ASD and mental health disorders (MHD)
- Barriers to identifying MHD in children with ASD
- Establishing eligibility for mental health services
- Navigating the service systems
- Cultural factors and access to services

**Interventions for Young Children**

- Psychological tasks of early childhood are impacted by ASD
- Interventions during this sensitive period can have a life long impact
- Create a collaborative intervention program across systems
- Consider factors contributing to the difficulties and the unique needs of the child and family
- Interventions should be matched with child's developmental level and individual differences, such as in DIR/Floortime approach
- If there are trauma/safety concerns, use a trauma informed approach, such as Child Parent Psychotherapy (CPP)
  - Difficult to tease apart impact of trauma vs ASD
  - Focus is on understanding behavior
  - CPP is developmentally informed; uses developmental guidance
  - Can address the trauma of loss of the imagined child, if relevant

**Interventions for School-Age Children**

- Strategies for working with dually diagnosed school age children
- Adapting evidence-based treatments to target
  - anxiety (example: modified CBT)
  - disruptive behavior (example: behavioral intervention guided by functional assessment)
- Collaborative role of mental health therapist with physician prescribers

## Adapting Interventions for School Aged Children

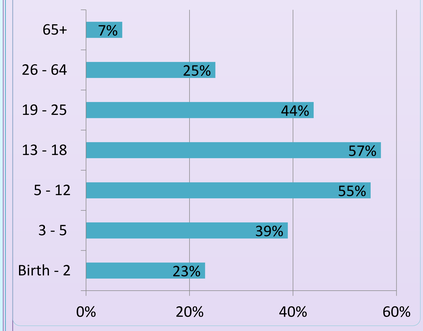
| Core Deficit | General Adaptations |
|---|---|
| Social/ Pragmatic Language | ▪ Enhance visual supports<br>▪ Increase gestural cues<br>▪ Decrease verbal language<br>▪ Avoid abstract language |
| Behavioral Rigidity | ▪ Increase structure and consistency<br>▪ Provide preparation for transitions |
| Restricted/ Stereotyped Interests | ▪ Incorporate specific interests In treatment |
| Impairment in Social Skills, Adaptive Behavior, and Executive Functioning | ▪ Pair direct instruction of skills (Social, Self-Care, Executive) with mental health therapy |
| Difficulty Generalizing Skills | ▪ Parent participation<br>▪ Practice and reinforcement |

## Survey of Mental Health Providers

(n=66)

Years of Experience:
Mean = 8.2; Range = 0 - 29

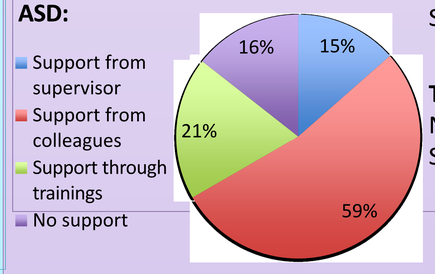
**Age Groups of Clients**




**Have a friend or family member with a DD:** 72%

**Have received ASD training :**
In school: 35%
Continuing education: 48.5%

**Supports to work with children with ASD:**




**How comfortable do you feel with your skills in making a diagnosis of ASD?**
Very/ somewhat uncomfortable: 46%
Somewhat/very comfortable: 55%

**How comfortable do you feel diagnosing MH disorders in children with ASD/DD?**
Very/somewhat uncomfortable: 46%
Somewhat/very comfortable: 54%

**How confident do you feel providing MH interventions to children with ASD/DD?**
Not at all/slightly confident: 50%
Somewhat/very confident: 50%

**How confident do you feel linking children with ASD/DD to DD services?**
Not at all/slightly confident: 18%
Somewhat/very confident: 82%

**To special education services?**
Not at all/slightly confident: 18%
Somewhat/very confident: 82%

## Conclusions

- Comorbidity of ASD and MHD is 70% yet according to our sample, **only half of mental health providers feel confident** providing mental health services to children with ASD/DD, and most have not received training in ASD.
- Many clinicians (30%) felt that the MH system is not the right place for these children
- More education and training is needed to help clinicians develop sufficient intervention skills and confidence to meet the needs of children with ASD and MHD
- While most report confidence in linking children to services, additional assistance is needed in addressing barriers to obtaining appropriate special education services

Acknowledgements: Funding for training provided by Los Angeles County Department of Mental Health; support for data analysis and display by Olawunmi Akinsilo, MS. Project presentation supported by California Leadership Education in Neurodevelopmental Disabilities.