



**Children's Hospital
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ADOLESCENT AND
YOUNG ADULT
MEDICINE

**Therapeutic Interventions for
Adolescents with Autism Spectrum
Disorders and Developmental
Disabilities**



**Therapeutic Interventions for
Adolescents with ASD and DD**

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Objectives

- Importance of working with teens with ASD and DD
- Research on ASD, DD and teens.
- Presenting Problems: loneliness, anxiety, depression, social skill deficits, social anxiety and difficulties making friends
- Treatment Modalities and Interventions: individual, family/collateral, parent support groups, social skill groups and advocacy work.
- Case example of change through social skill groups.
- Questions and Answers

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The Importance of mental health interventions for teens with DD and ASD

- Youth with ASD often report a desire for more peer support and report more loneliness than their typically developing peers (White, Keonig, Scahill, 2007)
- Youth with ASD were more likely to be rejected by peers, be more isolated and have less reciprocal friendships compared to their typically developing peers. This deficit increases with age and grade (Rotheram-Fuller, Kasari, Chamberlain & Locke, 2011).

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Research: Loneliness and Friendship

- Loneliness and friendship were examined in 22 high-functioning youth with autism and 19 typically developing youth (Bauminger & Kasari, 2000).

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Results of the study: loneliness & quality of friendship

- Autistic youth feel lonely and have the social desire for involvement in relationships with others.
- They reported having at least one friend, yet this did not lessen feelings of loneliness (Bauminger & Kasari, 2000).
- They rated their friends as lower in quality in terms of companionship, security/trust, and helpfulness (Bauminger & Kasari, 2000).
- Autistic youth may be lonely because their friendships are of poor quality and not providing them with security and companionship necessary to lessen feelings of loneliness (Bauminger & Kasari, 2000).




Results of the study and indications for treatment:

- Results further suggest that teens with ASD and DD have a desire for social interactions with peers however they continue to have social skill deficits that cause them to feel lonely and socially isolated.
- Thus, there is an increased need for mental health services to teach appropriate social skills in order to improve overall mood.



Teens with ASD and DD in the Division of Adolescent Medicine

- Adolescents ages 12-21
- Presenting Problems: depression, anxiety, mood disorder, social anxiety, loneliness, social isolation, social skill deficits and bullying.
- Interventions used with this population:
 - Individual, family/collateral, parent support groups, and seeking safety social skill groups and advocacy (e.g., at school, IEP, legal rights and Regional Centers)




Individual Therapy for Teens with ASD and DD

- 1:1 weekly social support
- Powerful intervention despite deficits in ability to express themselves
- Teens benefit greatly from therapists joining their internal world
- Assist in social skill training (i.e., practice of improved reciprocal conversation, eye contact, appropriate social interactions).
- Improving self-esteem
- Generalize skills learned in individual treatment to the outside world (i.e., at school, home, in church, etc.)



Family therapy for teens with ASD and DD: Parental Distress

- Parents of children with developmental disabilities report higher levels of stress than do parents of children without such difficulties (Lopez et al., 2008)
- Raising a child with Autism has been associated with increase parental stress and increased family chaos. (Locke et al., 2015)




Parental Stress & Reasons For Family Support

- Parental Difficulties- coping with dx and coping with teen's symptoms (i.e, behavioral problems).
- Parents of children with ASD and DD have high levels of stress, depression and other mental health problems.
- This intervention may improve parenting skills and parents' overall well-being.
- Parents can learn new tools and techniques to help their teen cope more appropriately.




Family/Parent Treatment:

- Psychoeducation about clt's disabilities and deficits.
- Collateral treatment for parents to decrease their stress and depression.
- Coping skills to deal with clt's behavior.
- Improved parents' overall mood and parenting skills.
- Assisting in appropriate young adult goals, transition to adult care and appropriate linkages for transition age youth services.




Parent Support Group

- Psychoeducation
- Learning from other parents in a group setting
- Reduce isolation and normalize experience
- Social support
- Improved parental skills for interacting with their adolescent
- Resources and linkages to community support




The Importance of Social Skill Groups for Youth with ASD and DD

- Research in the area of social skills groups for youth with ASD and DD emphasize the importance of social skills groups to teach adolescents skills in making appropriate friendships that are meaningful (Bauminger & Kasari, 2000).



Research: The importance of Social Skill Group Intervention

- Adolescents with ASD may lack appropriate friendships due to lack of social skills (White, Keonig & Scahill, 2007).
- Social groups are important to learn and use learned skills in a naturalistic setting (White et al., 2007).



The Importance of Social Skill Groups for Adolescents

- Opportunities for social interaction often occur in a school/high school setting. However, these opportunities may be overwhelming, stressful and cause increased social isolation due to social skill deficits (Locke et al., 2010).
- Social skill groups for youth with ASD and DD allow for in vivo social skill learning in a naturalistic setting.



Description of Social Skill Groups for Adolescents


Group members:

- Co-ed
- Adolescents ages 12 to 21

Diagnoses and Presenting Problems:

- Autistic Disorder, Anxiety, Bipolar disorder, Depression, Intellectual Disabilities, Schizoaffective Disorder, Stuttering, Social Phobia, Psychotic Disorders, Social Anxiety, difficulties making friends and bullying.

These groups can be utilized as a complimentary treatment to individual therapy.




Reasons for attending group:

- Mom reported that client has a difficult time making friends
- Client would like to learn how to make friends
- Client does not have any friends and is bullied
- Client reported being depressed and not having enough friends
- Client reported being shy and not having friends
- Client reported that her therapist told her to come to learn how to make friends
- Client wants to learn how to make friends at school



Group Goals

- Improved social skills:
 - increase in eye contact, reciprocal conversation, active listening, empathy towards others, sharing information and interests
- Improved appropriate communication with others
- Improved self-esteem and confidence in a group setting
- Decrease social isolation
- Increase ability to practice skills then generalize skills to community
- Transition to adulthood with support of group




Group Curriculum

Sessions:
90 minute seeking safety groups meets weekly and are ongoing.


Format of group:

- **Check in (45 minutes):** Focus on improved communication through group discussion and check-ins. Focus on identifying feelings and sharing information about self to group members.




Curriculum Cont.

- **Snack activity:** Focus on improving adaptive skills through learning proper etiquette for eating, sharing, and practice casual interaction with peers in a pseudo-naturalistic setting (i.e., in a school cafeteria and at a party, restaurant with peers and family).
 - Walk to nearby restaurants or convenient stores and practice ordering food and appropriate public behavior.
 - Birthday celebrations for members, holiday parties and graduation/termination celebrations.




Curriculum Cont.

- **Group Activity:** Hands-on activity (i.e., role playing, games with teams, etc.). Focus on appropriate interpersonal interactions, dealing with conflict and direct coaching by therapists.




Curriculum Cont.

- **Checkout/Cool Down:** Go over today's progress towards treatment goals, identify strengths and weakness, receive group feedback and suggestions for improvement and state a commitment for week.




Case Example of Change

- 17-year-old male with ASD, GAD and Intellectual Disability
- Presented for initial group with blunted affect, poor social skills, lack of spontaneous communication, refusal to speak, refusal to eat, lack of eye contact, severe anxiety and he was clearly uncomfortable.




Change in Sessions

- **Session 1-3:** Withdrawn, lack of eye contact, refusal to talk and eat,
- **Session 4:** Another group member engaged him and was able to help client talk about his interests.
- **Session 5:** Broader range of affect, spontaneously spoke about his interest in video games, able to state goal for group.




Change Cont.

- **Session 6:** Initiated community meeting by stating good thing that occurred in past week.
- **Session 7-10:** Actively engaged, make eye contact, eats with others, talks about interests
- **Final Party:** Brought guitar hero, helped shy client play game, helped others learn new name and expressed having fun.




Advocacy Role to Assist The Family

- Roles of therapist should include strong advocacy in the community, home and school setting.
 - Linkage to Regional Center
 - Linkage to in home behavioral services
 - Linkage to School Services
 - Linkage to other community resources (i.e., legal services and learning rights services)




Assist Family Through School Advocacy

- IEP
 - Help family review their IEP prior to meeting
 - » Is the child meeting their goals and are they being offered the services that are addressed in the IEP (i.e., 1 hour of speech therapy) .
 - Establish areas that family wants to address and practice advocating for teen (i.e., speech deficits)
 - Is the youth getting their needs met in the public school or do they need a NPS (i.e., The Help Group)
 - Discuss plan for either Diploma or Certificate track.



Assist Families-School Advocacy and Transition Planning

- ITP
 - Individual Transition Plan
 - What is the plan for the youth?
 - What type of placement will the youth have in his/her last year of school (i.e., job training, vocational training, transportation training, etc.)
 - Where will the youth transfer to at the end of high school
 - Will the youth stay in school until the age of 22
 - Will the youth transition to college
 - Will the youth transition to a college with Special Education Services.



QUESTIONS AND ANSWERS

- Questions for consumers, parents, families, students and professionals.....