Treating anxious and depressed youth with ASD during COVID-19: The challenges and promise of telehealth

Joshua Nadeau, PhD, and Jennifer Park, PhD

Thursday, June 25, 2020

### Learning objectives

Upon completion of the instructional program, participants should be able to:

1. Identify at least three strategies for parents and providers of youth with ASD to facilitate coping with changes in routine due to COVID-19 and quarantine.

ROGERS

Behavioral Health

- List and describe at least two barriers to telehealth treatment delivery unique to anxious and/or depressed youth with ASD, as well as one effective measure to address each.
- Describe at least three adaptations to treatment via telehealth, that address social and communicative deficits or dysregulated behavior, among anxious and/or depressed youth with ASD.

### Disclosures

Joshua Nadeau, PhD, and Jennifer Park, PhD, have each declared that s/he does not, nor does his/her family have, any financial relationship in any amount occurring in the last 12 months with a commercial interest whose products or services are discussed in the presentation. Drs. Nadeau and Park have each declared that s/he does not have any relevant non-financial relationships. Additionally, all planners involved do not have any financial relationships.

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### What we'll cover in this webinar

### Significant changes to daily routine in the context of ASD

- · The impact of COVID-19/quarantine on daily routines
- · Strategies for coping with increased stressors
- · Need for increased mental health monitoring and intervention

### Seeking virtual mental health treatment

- · Rationale/evidence for mental health treatment via telehealth
- Teletreatment barriers unique to youth with ASD
- · Leveraging telehealth participation and connection

### Strategies for individualizing treatment via telehealth

- · Addressing communicative deficits via telehealth
- Social coaching via telehealth
- · Managing behavior via telehealth

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### The impact of COVID-19 quarantine on daily routines

### School

- · Daily structure and routine
- · Set rules and expectations, reinforced behaviors
- Associated supports (e.g., aides, case managers, school counselors)

### Parents as teachers

- · No breaks for parents juggling work and schooling
- · Parents struggle as much as the children
- · Increased frustration, family tension and conflict

### The impact of COVID-19 quarantine on daily routines

### Increased stress and challenges in the home as a whole

- Lack of childcare
- · Lack of social supports
- Unemployment

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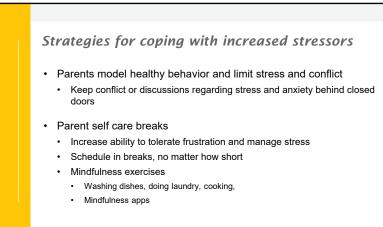
- · Limited access to self care needs (e.g., breaks from childcare/work, gym, eating out)
- · Overall concerns and anxiety regarding health and COVID-19

### Strategies for coping with increased stressors

### Develop ways to obtain as much normalcy as possible

- · Create new structure and routine
  - Set clear expectations (e.g., wake up time, sleep time, limitations on screens for recreational use)
  - · Schedule frequent breaks for self
  - · Engage children in chores in the home
- Engage in pleasurable activities
  - Physical activities (e.g., socially distanced daily walks)
  - Hobbies
  - · Family activities (e.g., daily movie nights, picnics in park, going for drive)

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# *Need for increased mental health monitoring and intervention*

- Simonoff et al. (2008)
  - 112 youths with ASD, ages 10-14 years old
- 70% One comorbid disorder
- 41% Two or more comorbid disorders
- · Social anxiety disorder, oppositional defiant disorder, ADHD
- Mattila et al. (2010)
- 58 youths with high functioning ASD, ages 9-16 years old
- 74% One or more comorbid disorder (current)
- Behavioral disorder (44%), anxiety disorder (42%), tic disorder (26%)

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# *Need for increased mental health monitoring and intervention*

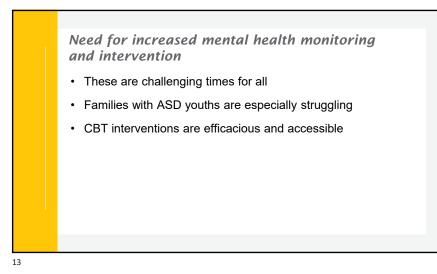
- · Comorbid disorders can be exacerbated during guarantine
  - Anxiety, behavioral disorders, ADHD and ASD respond well to structure and routine
  - · Symptoms can exacerbate during times of uncertainty and unpredictability
- Cognitive behavioral therapy efficacious in treating comorbid conditions in ASD youths
  - Due to lack of natural supports (e.g., school), even more important to have ongoing mental health supports

# *Need for increased mental health monitoring and intervention*

- Anxiety/OCRD:
- Sofronoff et al., 2005 {Family > Individual >> Waitlist}
- Chalfant et al., 2007 {Individual >> Waitlist}
- Wood et al., 2009\* {Family >> Waitlist}
- Reaven et al., 2012 {Group >> Treatment as Usual}
- Storch et al., 2013\* {Family >> TAU}
- Storch et al., 2015\* {Family >> TAU}
- Ung et al. (2015)
- · Meta-analysis of 14 treatment studies
- CBT is efficacious treatment for anxiety symptoms in youth with high functioning ASD

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### Rationale

### The need/demand is great

• Existing data indicate a disproportionate representation of various mental health conditions among youth (and adults) with ASD

### We have empirically supported solutions

Research supports efficacy of cognitive-behavioral strategies to address
mental health concerns among individuals with ASD

### Access to care is single largest obstacle

Geographical location, provider training and availability, financial considerations

### Rationale, cont'd

If access to care has always been an issue, why is there not more evidence to support/refute the utility of telehealth among individuals with ASD?

- · Nosology as the "triple threat"
  - · Conceptualization of mental illness/health
  - Bifurcation of provider training
- · History of ASD conceptualization

(Park et al., 2016)

# Evidence • Hemdi & Daley (2017) · Virtual psychoeducation intervention for parent support · Decreased parent self-rated stress and depression · Decreased child behavior problems and core ASD symptom severity • Hepburn et al (2016) • Telehealth 10-session CBT for ASD+Anxiety (Pilot study) • High parent and child satisfaction

• FYF>WL for parent-reported youth anxiety, high parent competence

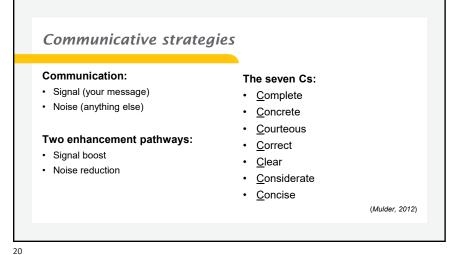
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# via telehealth

## **ASD-related barriers**

- · Skill deficits (communicative, social and/or cognitive)
- · Difficulty with reporting mental states and daily experiences
- · Emotional dysregulation
- · Limitations of insight, attention and/or motivation
- · Perspective-taking difficulties (theory of mind)
- Rigidity (rule-governed behaviors)
- Difficulty with differentiating symptoms (ASD vs. non-ASD) (Leyfer et al., 2006; Simonoff et al., 2008; Storch et al., 2015; Wood et al., 2015)

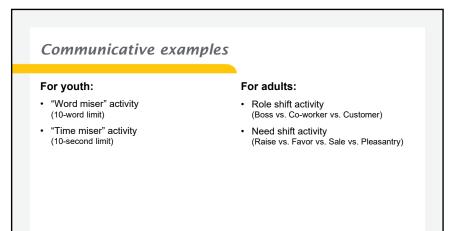
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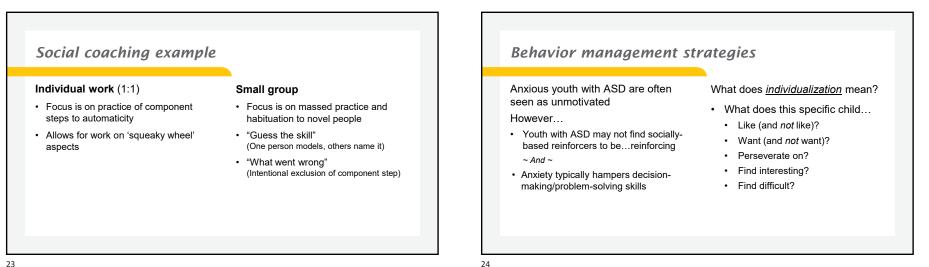
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your questions to the moderator.

Q&A



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# Social coaching strategies: RISE

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- · Recognizing the presence of a need
  - What do I want?
- Identifying the appropriate social skill
  - How do I get it?
- <u>S</u>tepping through the entire skill
- Here I go!
- · Evaluating the outcome
  - How did I do?

# Behavioral management example

### Tweaks to 'typical' contingency systems

- Visual reminders (chart visible behind you)
- Auditory non-verbal reminders (sounds of gems in jar)
- Immediate delivery
- Verbal prompts (reminder, check for comprehension, next steps)
- Setting the tone (start session with points/gems, discuss goals)
- · Wrap up with celebrations (goals achieved, rewards upcoming)







Time for questions and answers...

### About the presenters...



Joshua Nadeau, PhD Clinical Director, Tampa Dr. Nadeau is a licensed psychologist who directs the clinical programs at Rogers Behavioral Health's Tampa location. Dr. Nadeau focuses on the use of cognitive behavioral therapy for the treatment of OCD and related disorders, as well as in the adaptation of evidencebased techniques to address the unique needs of youth and adults with autism spectrum disorder (ASD) and other neurodevelopmental disorders.



Jennifer Park, PhD Clinical Director. San Francisco East Bay Jennifer Park, PhD, is a licensed clinical psychologist and serves as the clinical director of Rogers Behavioral Health's San Francisco East Bay location and is an adjunct faculty member at Stanford University School of Medicine. Dr. Park is an expert in cognitive behavioral therapy and the treatment of children and adults with OCD, OC-spectrum disorder, and anxiety disorders.

