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

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ROGERS Behavioral Health

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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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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.
2. 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.
3. 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.

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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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Significant changes to daily routine in the context of ASD

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Please use the Q&A feature to send your questions to the moderator.

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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

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

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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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Strategies for coping with increased stressors

- Parents model healthy behavior and limit stress and conflict
  - Keep conflict or discussions regarding stress and anxiety behind closed doors
- Parent self care breaks
  - Increase ability to tolerate frustration and manage stress
  - Schedule in breaks, no matter how short
  - Mindfulness exercises
    - Washing dishes, doing laundry, cooking,
    - Mindfulness apps

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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 quarantine
  - 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

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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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Need for increased mental health monitoring and intervention

- These are challenging times for all
- Families with ASD youths are especially struggling
- CBT interventions are efficacious and accessible

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Seeking virtual mental health treatment

- Rationale/evidence for mental health treatment via telehealth
- Teletreatment barriers unique to youth with 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

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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)

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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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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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Strategies for individualizing treatment via telehealth

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

Please use the Q&A feature to send your questions to the moderator.

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Communicative strategies

Communication:

- Signal (your message)
- Noise (anything else)

Two enhancement pathways:

- Signal boost
- Noise reduction

The seven Cs:

- Complete
- Concrete
- Courteous
- Correct
- Clear
- Considerate
- Concise

(Mulder, 2012)

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Communicative examples

For youth:

- "Word miser" activity
  (10-word limit)
- "Time miser" activity
  (10-second limit)

For adults:

- Role shift activity
  (Boss vs. Co-worker vs. Customer)
- Need shift activity
  (Raise vs. Favor vs. Sale vs. Pleasantry)

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Social coaching strategies: RISE

- **R**ecognizing the presence of a need
  - *What do I want?*
- **I**dentifying the appropriate social skill
  - *How do I get it?*
- **S**tepping through the entire skill
  - *Here I go!*
- **E**valuating the outcome
  - *How did I do?*

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Social coaching example

Individual work (1:1)

- Focus is on practice of component steps to automaticity
- Allows for work on 'squeaky wheel' aspects

Small group

- Focus is on massed practice and habituation to novel people
- "Guess the skill"
  (One person models, others name it)
- "What went wrong"
  (Intentional exclusion of component step)

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Behavior management strategies

Anxious youth with ASD are often seen as unmotivated

However…

- Youth with ASD may not find socially-based reinforcers to be…reinforcing

  ~ *And* ~
- Anxiety typically hampers decision-making/problem-solving skills

What does ***individualization*** mean?

- What does this specific child…
  - Like (and *not* like)?
  - Want (and *not* want)?
  - Perseverate on?
  - Find interesting?
  - Find difficult?

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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)

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Time for questions and answers…

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Where to get additional information…

https://www.coronavirus.gov

https://www.nih.gov/health-information/coronavirus

https://nationalautismassociation.org

https://www.aane.org

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About the presenters…

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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 evidence-based techniques to address the unique needs of youth and adults with autism spectrum disorder (ASD) and other neurodevelopmental disorders.

Jennifer Park, PhD
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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.

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