

# Greater than Autism

## Dual Diagnosis and the Autism Spectrum



Effective School  
Solutions

Addressing the mental health challenges of students with Autism Spectrum Disorder (ASD) can be challenging. With specialized treatment approaches and supports, students on the autism spectrum can thrive in a traditional school setting.

### The Statistics

Any educator today can tell you: levels of student anxiety and depression are through the roof. One in five students ages 13 to 18 has or will have a serious mental illness. About 11 percent of kids have a mood disorder, and 10 percent have a behavior disorder.<sup>1</sup> At the same time, the prevalence of autism spectrum disorder is increasing. In the United States, 1 in 59 children had autism in 2018. New Jersey clocked the highest rate: 1 in 34.<sup>2</sup> In many cases, mental health and autism challenges overlap resulting in a dual diagnosis. Experts estimate that around 75 percent of people with autism also have depression or anxiety, and virtually all will experience at least one traumatic event by age 18.

- 1 In 5 students (ages 13-18) has or will have a serious mental illness.
- 11% have a mood disorder
- 10% have a behavior disorder
- 1 in 59 have an autism diagnosis (2018)

### How Do You Treat a Dual Diagnosis?

There are proven interventions for anxiety, depression, and trauma. There are proven interventions for autism. With a dual diagnosis, however, neither alone sufficiently meets a student's needs. A better approach draws on specialized clinical training and knowledge of both ASD and psychiatric symptom presentation.

"You're not going to deviate from an evidenced-based practice solely because of a co-occurring diagnosis of autism," says Dr. Coleen Vanderbeek, Director of Autism Services for Effective School Solutions, a provider of in-school mental health programs. "You'll use the same interventions, just modified for their needs." With specialized services added onto existing mental health programs, students with autism can succeed in their home schools.

While each child's set of needs is unique, all dual diagnosis interventions should account for some common traits among students with autism:

- They often can't express themselves verbally, so behavior becomes a form of language. Throwing objects or biting, for example, shouldn't be seen as disciplinary issues but as attempts to communicate.
- They're often more visually oriented than audially oriented. Treatments should engage as many of the five senses as possible.
- They often need lessons to be broken down into smaller steps. What might take one session for a neurotypical student may take three for a student with autism.
- They benefit from "teaching the teacher" exercises. "We don't just ask, 'Do you understand?'" Because we may get an unjustified 'yes' response," says Vanderbeek. "We get them to explain it, in their own words."

### The Dual Diagnostic Clinician's

#### Toolbox

What works with one child won't work for all — and may not always work with the same child over time. With a full toolbox of interventions, clinicians can select and combine therapies for the most effective treatment. These interventions include:

**Reset plans.** Clinicians work with students and their families to identify what's likely to trigger emotional upheaval, and then come up with strategies to move students into a calmer place. The plan is printed on a laminated card, so it's always handy. Separate plans may be needed for school and home.

**Play therapy.** Play is children's natural language and way of making sense of their experiences. Through play, therapists can enter their world and communicate with them at their level.

During play therapy, the therapist conveys a deep respect for children's ability to solve problems and make choices, increasing their self-efficacy, self-control and coping skills.

**Family involvement.** Parents, family and caregivers are an indispensable part of the autism journey. There are several ways to meaningfully involve them in treatment.

- **Parent groups.** Many families are overwhelmed and stigmatized by their child's behavioral and emotional issues. Regular group meetings help parents support each other as they learn skills specific to their children's needs.
- **Family counseling.** Whether in person or by phone, clinicians counsel every family in the program, at least twice monthly. Sessions must remain positive while addressing challenging behaviors.

**Level system.** Together with the student, the ESS clinicians develop a progress plan consisting of various levels. The plan includes specific responsibilities and expectations for the student to achieve at each level. Students in coordination with the ESS clinicians complete daily feedback sheets on their progress, earning stickers or other daily rewards as they meet requirements. When they complete all the requirements for one level, they move up to the next. Completion of all predetermined levels provides support for graduation from the ESS Autism program.

**Feedback.** Students meet daily for short check-ins, when clinicians go over each student's feedback sheet from the prior day. Once per week, they review the entire week and decide if students are ready to level up.

**Positive Behavioral Supports (PBS).** Teaching, modeling and reinforcing positive behavior reduce discipline problems and promote a climate of safety and learning. Teachers are key partners in establishing routines, expectations, and logical consequences in classrooms to model and reinforce positive behavior.

**Mindfulness and coping skills.** Having a disability is, simply, stressful. As we've seen, many people with autism also experience anxiety and depression. Any autism therapy, therefore, must address these challenges. Mindfulness and meditation practices can help reduce stress, improve focus, and learn to deal with challenges.

Combined with high-quality, in-school mental health programs, a dual-diagnosis toolbox brings vital services to students who might otherwise miss out. By reaching more students, schools deepen their commitment to creating a caring, supportive climate for all students.

**Sources:**

- 1 The National Alliance on Mental Illness
- 2 The Centers for Disease Control

*Contact ESS to learn how to implement proven mental health programs in your district.*