


Integrating Autism and Mental Health Interventions with Educational Strategies (Grades K-12)

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Introductions

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Prevalence of an ASD with Co-Morbid Mental Health Conditions

Comorbidity = a medical term that is used to describe how mental disorders co-occur with one another.

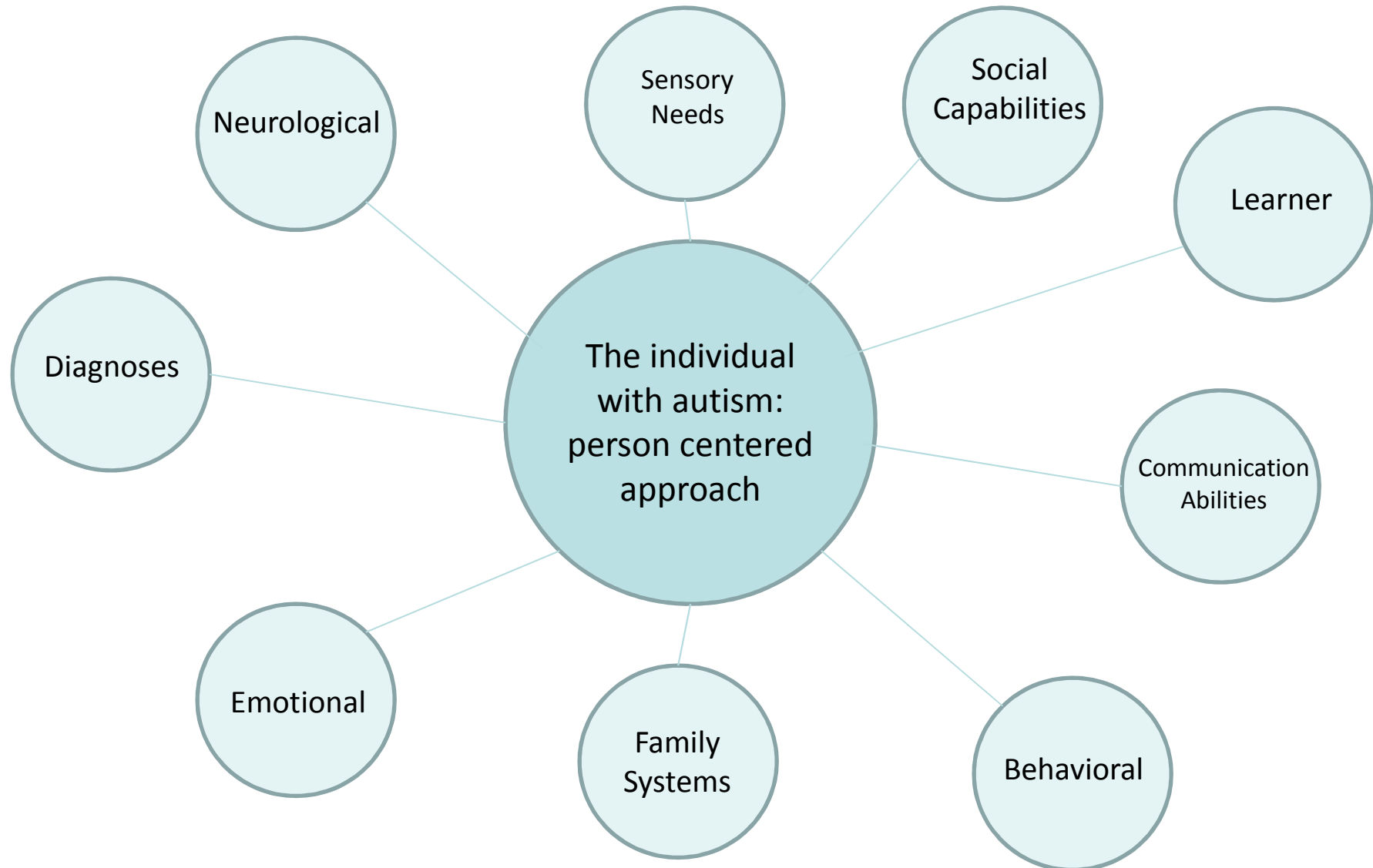
Autism Spectrum Disorder has the highest comorbidity of mental health disorders and occurs more often in children and adolescents than adults (Leppicello, 2015).

Recent studies have suggested that nearly 3 out of 4 individuals with Autism Spectrum Disorder meet criteria for another mental health disorder.



Psychiatric disorders, like ASD and Autism, are thought to develop as early as birth and early childhood; like other psychiatric disorders that develop later in life; in adolescence for example.

Assessment of the individual...



Common Co-Occurring Conditions

ADHD
Hyperactivity
Inattentive
Impulsivity
Disorganized
Lack of focus
Forgetful
Fidget and squirm

Mood
Mood swings/instability
Irritability
Aggression
Irregular sleep patterns
Appetite changes
Hypersensitivity
Elevated mood
Oppositional behavior

Oppositional Defiant
Disorder
Angry
Irritable
Argumentative
Defiant behavior
Defies rules
Refuses to comply
Vindictive

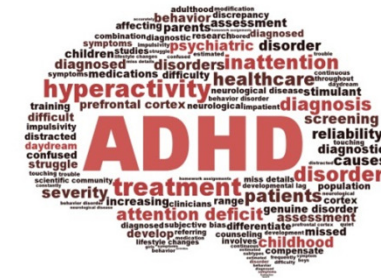
Anxiety
Concentration
Isolation
Loss of enjoyment
Fatigue
Sleep Issues
Sadness
Worry

OCD
Repetitive behaviors
Rituals
Obsessive thoughts
Compulsive behaviors
Need for control
Inflexibility
Inability to manage change

Symptomology

- Symptoms may look different in individuals with ASD than they do in typically developing individuals and therefore can make it difficult to accurately evaluate at times.
- The traits of Autism often overlap with symptoms of other disorders due to:
 - Communication Impairments
 - Cognitive Functioning
 - Interfering Behaviors
 - Difficulty interpreting social situations

Attention Deficit Hyperactivity Disorder & Autism



- Studies have shown that ADHD is the most common co-occurring psychiatric disorder.
- According to Harrison (2013), one third of children with ASD meet the diagnostic criteria for ADHD.
- Since DSM-IV, you can now diagnose Autism and ADHD.

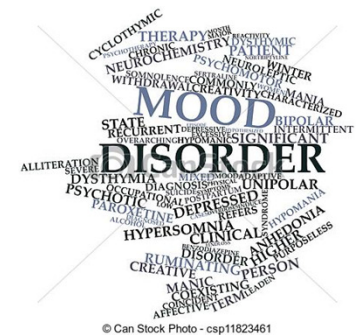
Autism and ADHD: Overlapping Features

Behavior	Is more like ASD	Could be either ASD or ADHD	Is more like ADHD
Videogames	Repetitive or asocial quality to play (circumscribed interest)	Can play videogames for hours; seems “obsessed”	Thrives on constant feedback video games provide (high stimulation)
Always moving	Rhythmic or stereotyped quality (pacing or flapping hands) which takes attention away from task at hand	Always on the go, can’t sit still, fidgety	Being active helps engagement (standing at desk while working, likes to be physically engaged)
Friendships	Stiff in interactions, doesn’t seem very interested in peers	Makes friends but can’t keep them	Seeks peers who engage in impulsive or risky activities

ASD Diagnostic Criteria	ASD - Not ADHD	Could be ADHD
Nonverbal Communication	Stiff, no eye contact	Personal space issues
Friendships	Seeks peers out based on their toys/games	Makes friends but loses them quickly
Lack of sharing		
Emotional Reciprocity		
Conversations		Excessive Talking
Stereotyped Language	History of clear echolalia	
Limited pretend play		
Circumscribed Interests	Repetitive talking about games; game facts	Video games for hours
Nonfunctional Routines		
Motor Mannerisms		
Preoccupation with parts	Peers at objects	

Mood & Autism

- Thought to be genetic with one or both parents or a family member with a mood disorder (look at family system).
- Also developed through their external environmental experiences combined with problems coping with life stressors.



Autism and Mood: Overlapping Features

Behavior	Is more like ASD	Could be either ASD or Mood	Is more like Mood
Tolerance	Intense frustration with changes in schedule or expectation	Persistently irritable (baseline is high)	Periods of increased irritability; elevated energy levels far past the norm
Socialization	Not interested in peers; stiff in interactions; communicates off of a script	Struggles to engage in meaningful interactions; identifies that relationships require far more energy than a typical peer	May have periods of time where they build relationships but then lose interest or lose friends based on behaviors
Interests	Specific, limited	Limited but has some preferred activities	Loses interest in activities after having enjoyed them for a period of time

ASD Diagnostic Criteria	ASD - Not Mood	Could be Mood
Nonverbal Communication	Does not improve with comfort or familiarity	Mostly appropriate but goes through periods of time where affect is flat
Friendships		
Lack of sharing		
Emotional Reciprocity	Unable to fully reciprocate	Present
Conversations	Follow a predictable script; unable to improvise successfully	Pressured or rapid in mania; slow in depression
Stereotyped Language		
Limited pretend play		
Circumscribed Interests		
Nonfunctional Routines	Follow consistent patterns	During periods of fluctuation, unable to function as well as in past
Delayed Language	Present	
Preoccupation with Parts		

Autism and Oppositional Defiant Disorder

If you're thinking your student might have Oppositional Defiant Disorder, ask yourself the following:

“Is this disobedience or is it...”

1. Difficulty communicating?
2. A desire or need for control?
3. Rigidity?
4. Difficulty processing information?
5. A need for things to be more concrete?
6. A learning barrier?



Autism and Oppositional Defiant Disorder: Overlapping Features

Behavior	Is more like ASD	Could be either ASD or ODD	Is more like ODD
Routines and Rituals	Grasping for control.	Need rules, structure, and routines in life.	Rebels against rules but also needs them to be extreme.
Socialization	Difficulty with social skills and connecting with others.	Hard time making and sustaining friendships.	Impulsively acting out so often that it compromises their ability to get along with others.
Protesting	Attempts at communication. Desire for independence.	Demonstrates interfering behaviors.	Defiance towards authority figures (vindictive).

Anxiety and Autism Spectrum Disorder

- According to Van Steensel, Bogels & Perrin (2011), 39.6% of "young people" with ASD have anxiety disorders.
- The most frequent anxiety disorder is specific phobia with 29.8%.
- OCD was followed with 17.4% and 16.6% with social anxiety.

1. Specific phobias or fears
2. Social anxiety
3. Generalized anxiety
4. Panic disorder
5. Obsessive Compulsive Disorder

Autism and Anxiety Disorders: Overlapping Features

Behavior	Is more like ASD	Could be either ASD or Anxiety	Is more like Anxiety
Routines and Rituals	Paces lunchroom after eating unless redirected; walks perimeter of playground at recess	Eats the same meal and sits at the same table every day for lunch.	Seems under pressure to do routines in a certain way
Repetitive Language	Anticipating a transition or a novel event	Asks same question over and over again	Looking for reassurance (OCD theme)
Lines up objects	Repetitive method of play	Orders by size, shape, or color; distress if disrupted	Under pressure to keep things “just so”

ASD Diagnostic Criteria	ASD - not OCD	Could be OCD
Nonverbal Communication	Does not improve with comfort or familiarity	Personal space issues; avoids eye contact or touch
Friendships	Close friends but activities are organized by parents	Uncomfortable around unfamiliar peers
Lack of sharing		
Emotional Reciprocity		
Conversations	Repetitive monologues	Repetitive reassurance seeking with parents
Stereotyped Language	Uses echoed words and phrases in conversation	Says certain words until it "feels right"
Limited pretend play		
Circumscribed Interests		
Nonfunctional Routines	Sameness	Hand-washing
Delayed Language		

Common Taboos

Giving a diagnosis means giving a label.

Helps us sift through behaviors.

Medications can fix the problem.

Some say only 10%.

This is separate from their autism.

ASD, it's common for all three terms (psychiatric disorder, neurodevelopmental disorder, and mental health disorder) to be used interchangeably.

Everyone needs a therapist

(how about a consultant?)

Co-Occurring Diagnosis and Helpful Interventions

	Visual Schedule	Structure & Routine	Sensory Supports	Reinforcement	Offering Different Modes of Communication
ASD & ADHD	X	X	X	X	X
ASD & Mood	X	X	X	X	X
ASD & Anxiety	X	X	X	X	X
ASD & OCD	X	X	X	X	X

Break and Breakout

Case Studies



Let's Take a Peek!

- How do we successfully apply what we know to the classroom environment, and what does that look like?
 - VIM, VOM, VEM
 - Evidence-based practices

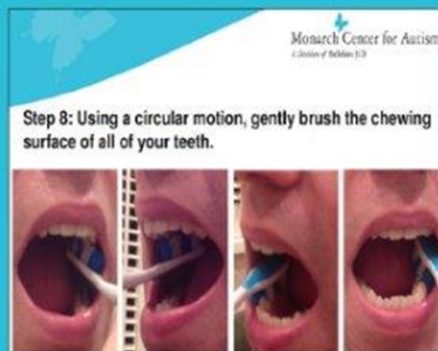


Visual Instruction Mode (VIM)

Visual Instruction Mode (VIM)

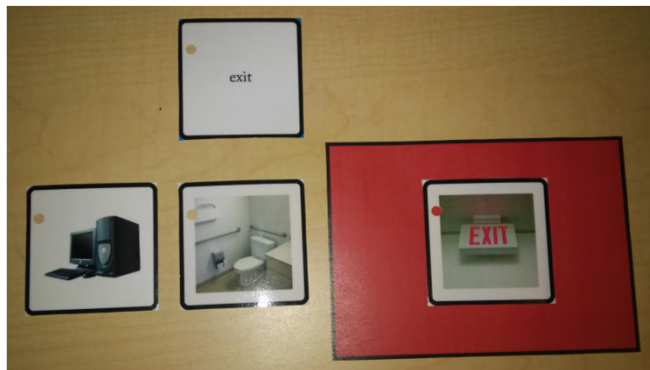
VISUAL INSTRUCTION MODE (VIM) USES VISUALS TO ADAPT INSTRUCTION SO IT IS PRESENTED VISUALLY. VISUAL SUPPORTS INCLUDE, BUT ARE NOT LIMITED TO:

- Activity Story (Social Story)
- Video Model
- Picture Grid
- Visual Chart
- Matching Game / Matching Board
- Sorting Game
- Static Images
- Dynamic Scene Cues
- Element Cues



Tricks to Try with VIM

- VISUAL SUPPORTS
- PACING/LENGTH OF LESSON
- MULTISENSORY PRESENTATION
- MENTAL IMAGING



visual discrimination



[summer sorting board](#)

Visual Organization Mode(VOM)

Visual Organization Mode (VOM)

VISUAL ORGANIZATION MODE (VOM) USES VISUALS TO ORGANIZE ACTIVITIES AND DAILY SCHEDULES. VISUAL SUPPORTS INCLUDE, BUT ARE NOT LIMITED TO:

- Visual Schedule (Daily, Calendar, Activity)
- Checklist of Activities (step-by-step list)
- First/Next/Then Display
- Countdown Board
- Ratings Scale / Color-Coded Scale
- Guide
- List
- Visual Images



Tricks to Try with VOM

- SCHEDULES
- HOME/SCHOOL COMMUNICATION
- CLASSROOM LAYOUT
- CLASSROOM EXPECTATIONS



macro-schedule



micro-schedule



home/school communication



balance bagel



study carol



divider; visuals



ball



break area



expectations


Visual Expression Modes (VEM)

Monarch Center for Autism
A Division of Bellefaire JCB

Visual Expression Mode (VEM)

VISUAL EXPRESSION MODE (VEM) USES VISUALS TO FACILITATE EXPRESSIVE COMMUNICATION. VISUAL SUPPORTS INCLUDE, BUT ARE NOT LIMITED TO:

- Topic Displays (Traditional AAC Grid Display)
- Language Board
- Matching Game / Sorting Game
- Conversation Prompts
- Communication Form
- Feelings Log
- Pain & Illness Display
- Visual Scene Display
- Visual Images
- Static Scene Cues
- Dynamic Scene Cues
- Element Cues



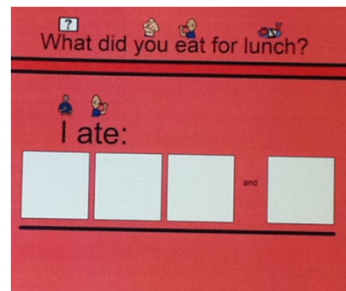
The image shows three examples of Visual Expression Mode (VEM) supports. The first is a 'Topic Display Board - Requesting Activities in the Bedroom' with columns for 'Who', 'Action', 'What', 'When', and 'Where'. The second is 'Mealtime Conversation Prompts' with sections for 'Greetings', 'Conversations', and 'What are you doing this weekend?'. The third is a 'Visual Scene Display - Visiting the Grocery Store' showing a grocery store aisle with a 'Click Here' button.

Tricks to Try with VEM

- ASSISTIVE TECHNOLOGY
- MODEL LANGUAGE
- ACCESSIBILITY
- OPPORTUNITY



topic board



conversation board



yes/no board



comment board



break card

Evidence-Based Practices

- **Behavioral Interventions**
- Cognitive Behavioral Intervention Package
- Comprehensive Behavioral Treatment for Young Children
- Language Training
- **Modeling**
- **Natural Teaching Strategies**
- Parent Training
- Peer Training Package
- Pivotal Response Training
- **Schedules**
- Scripting
- Self-Management
- Social Skills Package
- **Story-based Intervention**

National Autism Center (2015). *Findings and Conclusion: National standards project, phase 2*. Randolph, MA: National Autism Center.

Download the full report at <http://www.nationalautismcenter.org/national-standards-project/>

Integrating Behavioral Strategies with Interventions for Children with Co-Morbid Mental Health Diagnoses

- Understand your student
 - Understand the diagnosis
 - Understand the behavior



Understand your student

- What makes your student happy?
- What frustrates your student?
- What makes him or her comfortable? Uncomfortable?
- What are your student's learning styles?

- Change the environment to avoid stressors
 - Teach coping skills for when stressors can't be avoided
- Pair preferences with teaching
- Help student to regulate or self-regulate



Understand the Diagnosis

- Know the teaching tips and recommendations
- Understand the challenges your student may be facing
 - Provide supports for these challenges imbedded in the behavior plan
- Know the risks with behavioral interventions
 - Extinction bursts and increases in additional behaviors
 - Emotional responses to consequences

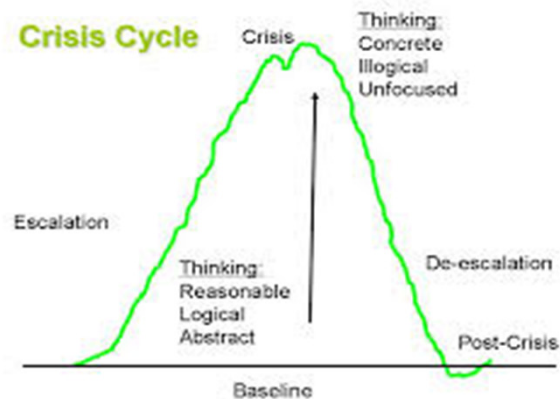


Understand the behavior

- Functional Behavior Assessment (FBA)
 - ABC data analysis
 - Scatterplot of when behaviors occur
 - Conditional probability for antecedents and consequences
 - Motivational Assessment scale (MAS)
 - Functional Analysis Screening Tool (FAST)
 - Systematic Observations
 - Interview parents and staff
 - Functional Assessment Interview (FAI) for Teachers and Parents

Take this information to:

- Alter antecedent conditions to reduce the behavior
- Based on the function, alter the reinforcement
 - Reinforce alternative behavior already existing in the student's repertoire
 - Lower or stop reinforcement for current behavior
 - Teach a new behavior and reinforce continuously until mastered
 - Consult with counselor before selecting replacement behavior
 - Make sure it is conducive with what is being addressed



- Prepare a de-escalation behavior plan
 - Understand when the teachable moment ends

Where to Turn for Guidance

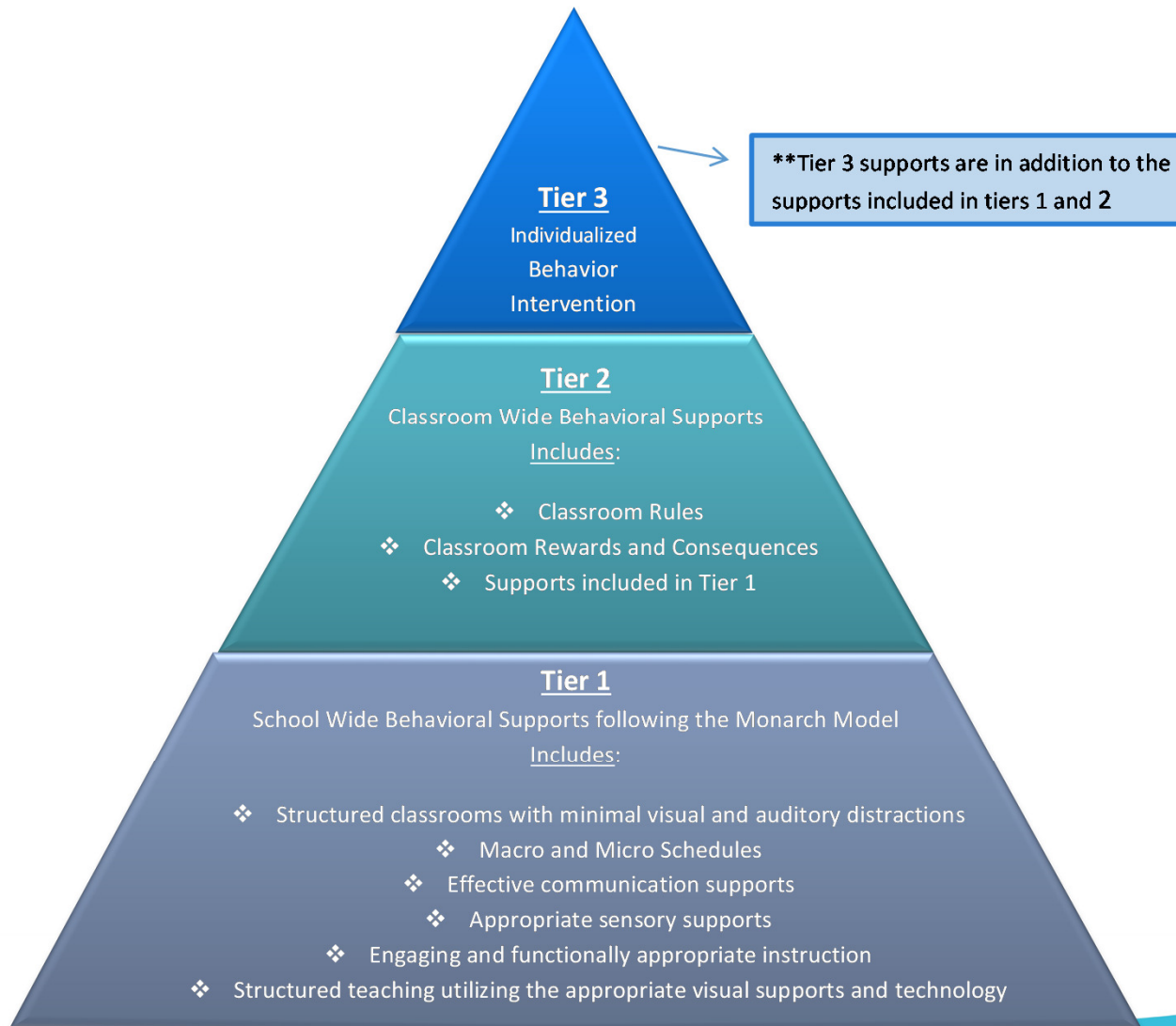
- Counselor or School Psychologist to address mental health needs
- Behavior Specialist
 - Ideally Board Certified Behavior Analyst, though not a requirement in schools
 - www.BACB.com
- Formal training in conducting Functional Behavior Assessments and developing Behavior Intervention Plans a must



Positive Behavior Intervention Supports at Monarch



Monarch School Positive Behavior Intervention Supports



Tier 1 Supports:

Tier 1 supports are imbedded in the Monarch Model and include:

- Clear, structured environment
- Communication system
- Sensory experiences embedded into activities
- Macro and micro schedule
- VIM, VOM, VEM
- Functionally appropriate instruction
- Behavior momentum
- Motivating and engaging materials
- Technology embedded into sessions

** Please refer to the Challenging Behavior Flow chart for Tier 1 supports

Tier 2 Supports:

Tier 2 supports are designed and implemented by classroom staff and therapists with consultation from a behavior specialist. Tier 2 supports are documented in the behavior profile of the IEP and on staffing forms.

Examples of behaviors within Tier 2:

- Noncompliance
- Vocal Disruptive behavior
- Minor property destruction
- Elopement
- Self-stimulatory behavior
- Verbal threats

Important: Behaviors that are more severe than those listed above such as physical aggression towards self or others, self-injury, severe property destruction, should be closely monitored (protocol detailed below in item #3)

Proactive Strategies:

Positive reinforcement: When your student is exhibiting appropriate behavior, provide positive reinforcement based on student preferences.

Differential reinforcement- Reinforce throughout the day good behaviors at a high rate and avoid reinforcement for non-desired behaviors.

Independent or group contingencies- require the entire class or the student himself a specified amount or duration of good behaviors to earn reinforcement. Reinforcement is contingent upon those behaviors being present (not just on tasks or work being completed).

Token economy

Pair preferred items and activities with non-preferred to make them more enjoyable.

Adapt the environment to reduce triggers for challenging behavior

Teach coping strategies such as self- calming techniques or de-escalation strategies proactively.

Use behavior momentums—work on mastered skills before or interspersed with acquisition skills to help the child feel successful and increase access to reinforcement.

Reactive Strategies:

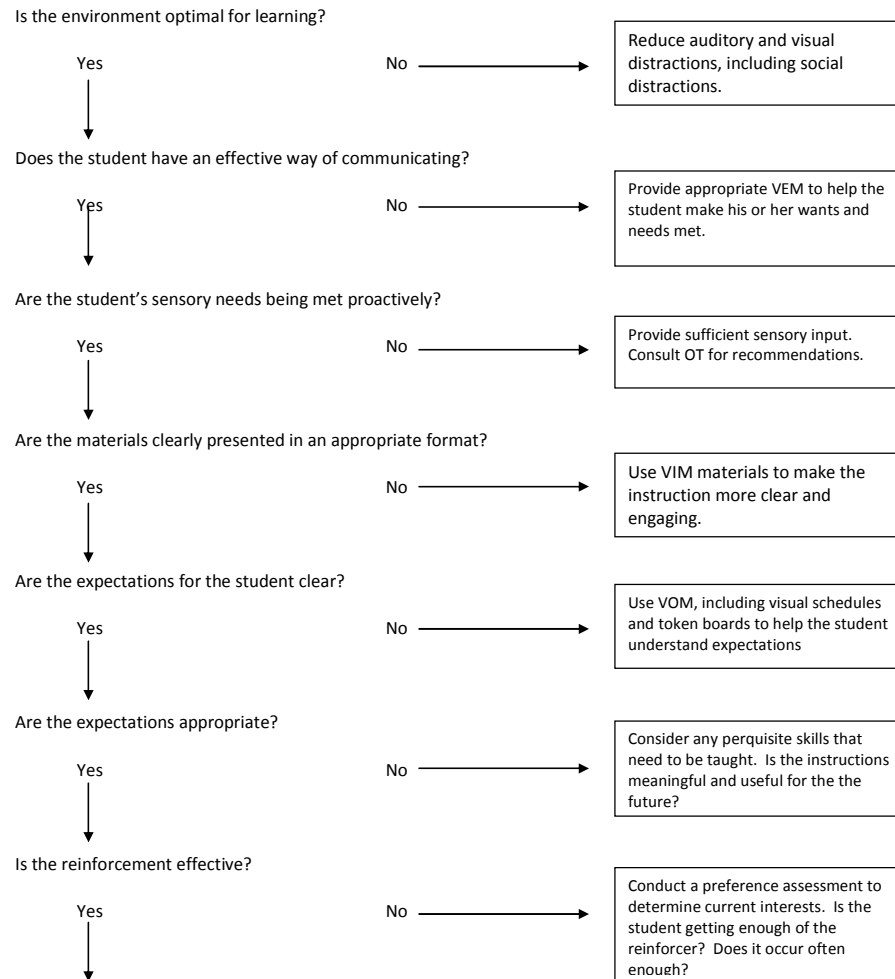
- Redirection back to task and reminder of contingencies for earning reinforcement
- Distraction
- Change of staff person
- Reduce demands
- Planned ignoring if behaviors appear to be for attention (attend to the first positive behavior you can!)
- Offer choices of alternate behaviors

Tier 3 supports:

Tier 3 supports are utilized when tier 1 and 2 supports do not successfully prevent or reduce challenging behaviors or when behaviors present danger or harm to students or staff. Tier 3 supports include a Behavior Intervention Plan (BIP) developed as the result of a Functional Behavior Assessment or Analysis (FBA) and include proactive strategies, reactive strategies and replacement behavior interventions. FBAs and BIPs are conducted and written by a behavior specialist under the supervision of a board certified behavior analyst. Behavioral data is collected by the education team and monitored by the behavior specialist weekly. Progress reports are completed quarterly.

Challenging Behavior Flow Chart

Correct each "no" using strategies in the box to the right. When the answer is yes, move on to the next question. Refer to the Monarch Model or see team and department supervisors for assistance as needed.



If all of the above answers are "yes," consult your behavior specialist for assistance. Complete ABC data on all disruptive behaviors and document changes to the student's environment and programming made to address behaviors in a classroom intervention plan.

Helping to manage ADHD in the classroom...

- Limit distractions.
- Active involvement in activities.
- Movement opportunities built in.
- Clear, concrete directions.
- Shorter tasks.



Visual Transition Cues – Defined Beginning and End

- preferred and non-preferred activities
- prepares the student that an activity / task is beginning and when it will end
- clarifies expectations regarding the activity / task

How to assist with mood difficulties...

KEVIN'S safety ZONE SYSTEM

Green zone	Yellow zone (warning zone) *restarts next shift	Red zone (high risk zone) *restarts 24 hours
<p>Things to do for fun on level green:</p> <ul style="list-style-type: none"> Go on YouTube for 30 minutes once your entire schedule is completed for the shift and for 10 tokens (30 minutes per shift). <ul style="list-style-type: none"> Play basketball. Go out in the community. Use your cell phone when appropriate. Listen to music in your room. 	<p>Things to do for fun on level yellow:</p> <ul style="list-style-type: none"> Listen to the radio. <ul style="list-style-type: none"> Play basketball. Staff's discretion about safety in the community. Use your cell phone (when appropriate). 	<p>Things to do for fun on level red:</p> <ul style="list-style-type: none"> Listen to the radio. <ul style="list-style-type: none"> Use your phone (when appropriate) Play basketball. No community for 24 hours.
<p>When I'm on level green I am:</p> <ul style="list-style-type: none"> Being safe with my body, my thoughts, and my words. <ul style="list-style-type: none"> Completing my schedule. Being kind to staff and peers. Talking to staff when I am feeling upset or concerned about my thoughts. 	<p>When I'm on level yellow I am:</p> <ul style="list-style-type: none"> I'm being unsafe. <ul style="list-style-type: none"> I'm talking about <i>acting</i> violent. I'm threatening to hurt someone. <p>(I am NOT in trouble...this is only about safety)</p>	<p>When I'm on level red I am:</p> <ul style="list-style-type: none"> I am not being safe (restraint). I have put my hands on someone.
<ul style="list-style-type: none"> I am doing everything that is asked of me and I am following all of the rules. 	<ul style="list-style-type: none"> Staff will keep a close eye on me. I am not in trouble and I should tell staff how I am feeling. I should write it down. <ul style="list-style-type: none"> I may be having a hard time. I should not be listening to music that upsets me or gets me too excited. 	<ul style="list-style-type: none"> Staff will need to monitor me. I should not be listening to music that upsets me or gets me too excited.
<p>* I don't need to do anything different, just communicate my needs to staff.</p>	<ul style="list-style-type: none"> I should be talking to staff about what is bothering me and write it down on one of my sheets with the scale. I should be using feeling words rather than talking about hurting someone. 	<ul style="list-style-type: none"> I should be using my sheets and following directions of staff for safety. I may be on restrictions due to unsafe behaviors.

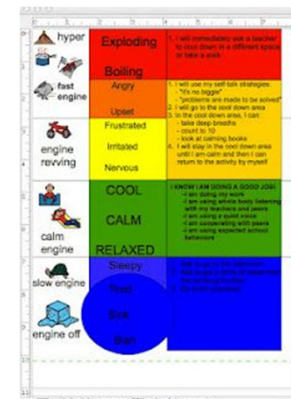
* Neutral

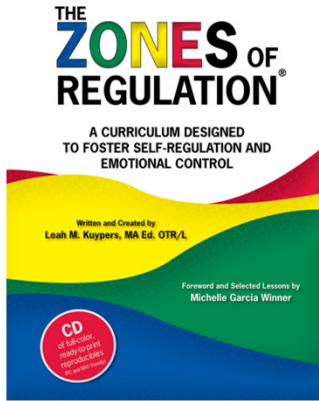
* Warning

* High Risk

Example

	Looks Like	Feels Like	I Can Try to
5	Kicking or hitting	My head will explode	Call my mom to go home
4	Screaming or hitting	Nervous	Go see Mr. Peterson
3	Quiet, rude talk	Bad mood, grumpy	Stay away from kids
2	Regular kid	Good	Enjoy it
1	Playing	A million bucks	Stay that way



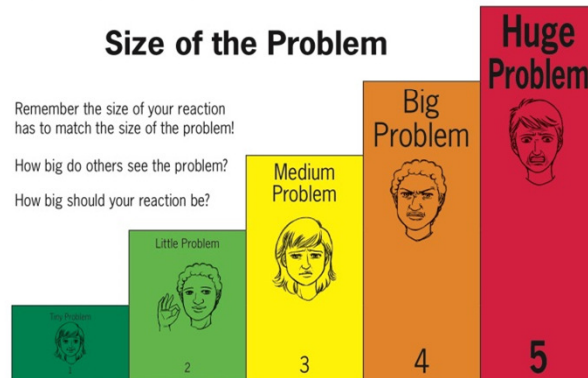


The Zones of Regulation

The ZONES of Regulation®



The ZONES of Regulation® Reproducible W



Visual adapted by Leah Kuypers, Donna Brittain and Jill Kazma for 'The Zones of Regulation' from the original work of Winner's Think Social (2005), pages 44-45, www.socialthinking.com, and Buron and Curtis' The Incredible 5-Point Scale (2003), www.sportscale.com

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BLUE ZONE	GREEN ZONE	YELLOW ZONE	RED ZONE
<p>Sad Sick Tired Bored Moving Slowly</p>	<p>Happy Calm Feeling Okay Focused Ready to Learn</p>	<p>Frustrated Worried Silly/Wiggly Excited Loss of Some Control</p>	<p>Mad/Angry Terrified Yelling/Hitting Elated Out of Control</p>

Helping teachers and other professionals know when a student is in the “learning zone.”

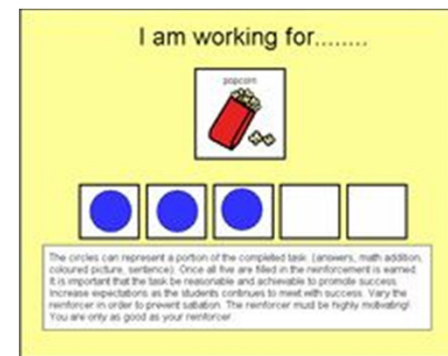
Subjective Units of Distress Scales (SUDS)

0	1	2	3	4	5	6	7	8	9	10
Zero: Complete relaxation Deep sleep, no distress at all.	One: Awake but Very relaxed; dosing off. Your mind wanders and drifts, similar to what you might feel just prior to falling asleep.	Two: .A little bit upset, but not Noticeable unless you took care to pay attention to your feelings and then realize, "yes" there is something bothering me.	Three: Mildly upset. Worried, bothered to the point that you notice it.	Four: Mild distress such as mild feelings of bodily tension, mild worry, mild fear, or mild anxiety. Somewhat unpleasant but easily tolerated.	Five: Moderately upset, uncomfortable. Unpleasant feelings are still manageable with some effort.	Six: Moderate distress. Very Unpleasant feelings of fear, anxiety, anger, worry, apprehension and/or bodily tension such as a headache or upset stomach.	Seven: Starting to freak out, on the edge of some definitely bad feelings. You can maintain control with difficulty	Eight: High distress. High levels of fear anxiety, worry, and/or bodily tension. These feelings cannot be tolerated very long. Thinking and problem-solving is impaired. Freaking out.	Nine: Feeling extremely freaked out to the point that it almost feels Unbearable and you are getting scared of what you might do. Feeling very, very bad, losing control of your emotions.	Ten: Feels Unbearably bad, beside yourself, out of control as in a nervous breakdown, overwhelmed, at the end of your rope. You may feel so upset that you don't want to talk because you can't imagine how anyone could possibly Understand your agitation.

Zero	One	Two	Three	Four	Five	Six	Seven	Eight	Nine	Ten
No coping skills necessary	No coping skills necessary	Feel a sheet of crumpled up paper. Rip paper. Write or draw.	Watch or read comedy. Talk to a peer. Rip paper. Write or draw. Magic tricks.	Rip paper. Watch or read comedy. Magic tricks. Clean.	Write or draw. Clean. Write or read comedy. Talk to an adult.	Write or read comedy. Talk to a peer or an adult.. Origami. Computer (if it's available to you).	Talk with a trusted adult. Origami. Write what you're feeling down and rip it up.	Color mandalas. Magic tricks. Reading (history or mark twain).	Exercise. Write poetry. Deep breaths. Scale drawing. Gym.	Phone call. Projects. Listen to music. Deep breathing. Shower.

What to do with the more challenging student... (but really could be good for all kids)

- * avoid power struggles
- * create a contract
- * build in positive behaviors
- * offer rewards
- * make things very clear
- * allow the student to have a say
- * offer acceptable choices
- * avoid **NO** when appropriate



How to manage anxieties in the classroom...



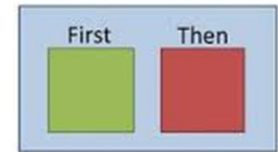
How can I anticipate when something will be different day to day in my classroom?

- What can I expect when I walk in the door?
 - Prepare your students for staff absences.
 - Prepare your students for any changes.

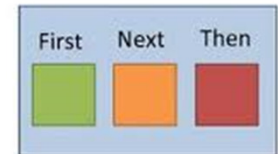
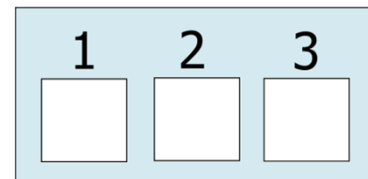


Building into your curriculum...

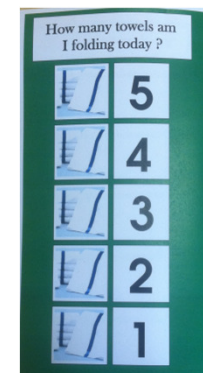
- Yes, schedules will help! BUT...what else?



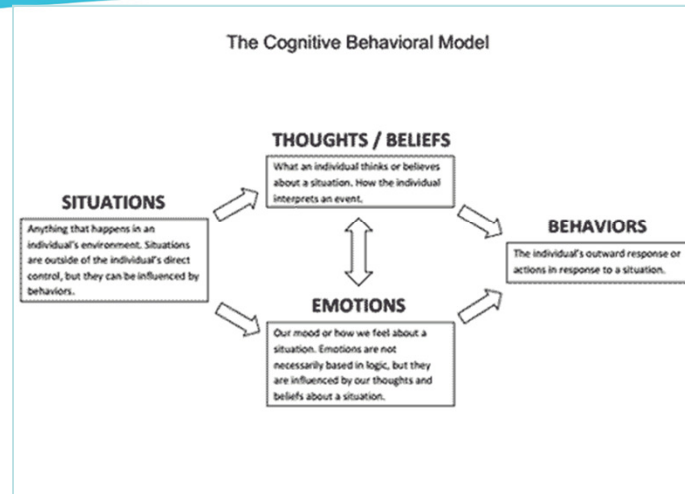
- Ask yourself these questions:



- Do your students know how long each session is going to last? Do they comprehend time?
- Does your student know when they will be done with the task that you are asking them to complete?
- How many more do I have?
- How much longer do I have?



Teaching Strategies for dealing with anxiety...



What is Worry?

Worries are unpleasant thoughts that you can't get out of your head. They're like annoying bugs that keep buzzing around and won't leave you alone.

It's normal to have worries—everyone has them from time to time. It's only a problem when your worries get in the way of other parts of your life, or if they make you unhappy. What do you worry about? Circle at least three of your worries from the lists below:

Family	School	Friends	Other
Arguments or Fights	Following Rules	Fitting In	Getting Hurt
Upsetting Family	Grades	Making Friends	Being Embarrassed
Family's Safety	Presentations	Being Teased	Appearance
Getting in Trouble	Homework	What to Talk About	Money
Sick Family Member	Tests	Bullies	

When you worry, your body goes through a number of changes. These changes can be uncomfortable, and for some people they're scary. Circle each of the worry symptoms that you've experienced:

Fast Heartbeat
 Sweating
 Feeling Sick
 Shaking
 Feeling Hot

The good news about worry is that it can't hurt you. Worrying might be uncomfortable, but you can learn to control it with a little practice. Is there anything you already do that helps you control your worry?

To control my worry, I... _____

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How I Feel

I feel: _____

Happy	Mad	Sad	Glad
Worried	Excited	Bored	Scared
Annoyed	Upset	Sick	Nervous

I feel this way because:

This is what I did about it:

Something else I could have done is:

Ask for help	Take deep breaths	Walk away
Do something else	Tell an adult	Talk to a friend

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Managing OCD behaviors in the environment...

1. Control what you can.
2. Allow for areas of control.
3. Be proactive.
4. Avoid power struggles when you can.

You **CAN**
control this area.

You **CANNOT**
control this area.

Case Studies Review

Questions?

Turn in Evaluation

Certificates

Questions & Discussion

“ You never really understand
a person until you consider
things from his point of view.”

- Harper Lee

Resources

- <https://www.autismspeaks.org/blog/2014/05/22/there-connection-between-autism-and-bipolar-disorder>
- <http://www.therapistaid.com/>
- <http://autismnow.org>
- <http://autismnow.org/in-the-classroom/>
- <http://www.socialthinking.com>
- <http://www.5pointscale.com/>
- <http://www.zonesofregulation.com/>
- <http://www.autismspeaks.com>
- www.nasponline.org/resources/handouts/05-1_S805_ADHD_Classroom_Interventions.pdf
- <http://at-ease.dva.gov.au/professionals/files/2012/12/SUDS.pdf>
- <http://www.cigna.com/assets/docs/behavioral-health-series/autism/2012/autismSpectrumDisordersAndComorbidConditions.pdf>
- www.bellefairejcb.org
- www.monarchcenterforautism.org

Monarch Center for Autism Services

- ❖ **Preschool**
- ❖ **Day School**
- ❖ **Transition Education Program**
- ❖ **Extended School Year Program**
- ❖ **Summer Social Language Leadership Program**
- ❖ **Boarding Academy**
- ❖ **Adult Autism Program**
- ❖ **Adult Autism Residence & Support Living Settings**
- ❖ **Free Webinar & e-newsletter Series**
- ❖ **Online Resource Center**

- ✦ **Web:** www.monarchcenterforautism.org
- ✦ **Telephone:** 216.320.8945 or 1-800-879-2522
- ✦ **Address:** 22001 Fairmount Boulevard,
Shaker Heights, Ohio 44118
- ✦ **Join our e-newsletter mailing list:**
[http://www.monarchcenterforautism.org/
contact-us/join-our-email-list](http://www.monarchcenterforautism.org/contact-us/join-our-email-list)
- ✦ **Facebook:**
www.facebook.com/monarchcenterforautism
- ✦ **Twitter:** www.twitter.com/monarchohio

