

Building CYMH's Capacity in Autism & Mental Health

Presented by Dr. Jonathan Weiss (Moderator)

Panelists:

Chris Clattenburg

Dr. Laura Goodman

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Background

- Autistic youth are more likely to experience co-occurring mental health problems than peers without autism¹⁻².
- They are less likely to receive therapy due to barriers in access to services³.



Background

- We know that psychotherapy can be helpful for many:
 - Behaviour therapy
 - Cognitive behaviour therapy
 - Mindfulness-based approaches
 - Parent management training
- There is no one program that will work, but all seem to work for some
- But many autistic youth struggle to access these kinds of supports

Where Can We Begin?

- Many things that clinicians do can work for clients with autism who have mental health needs
- Therapists' attitudes, skills and training are important to consider⁴
- Objective: Understand mental health clinician knowledge, confidence, adaptations and training needs
 - Co-developed an online survey with Youth Services Bureau of Ottawa and Coordinated Access



Survey Details and Methodology

- N = 163
- Online survey (English / French)
- Children's mental health agencies in Ottawa, Peel, York, Durham, Hamilton, Toronto regions:
 - Youth Services Bureau of Ottawa
 - CHEO
 - Crossroads
 - Royal Ottawa Health Care Group
 - Centre Psychosocial
 - Roberts Smart Centre
 - Maison Fraternité
 - Somerset West Community Health Centre
 - Kinark Child and Family Services CYMH York and Vanier, Peterborough, Durham, Northumberland, Simcoe
 - Kinark Syl Apps Youth Centre
 - Kinark Intensive Support and Supervision Program
 - Woodview Mental Health and Autism Services, Mental Health Programs



Common Approaches

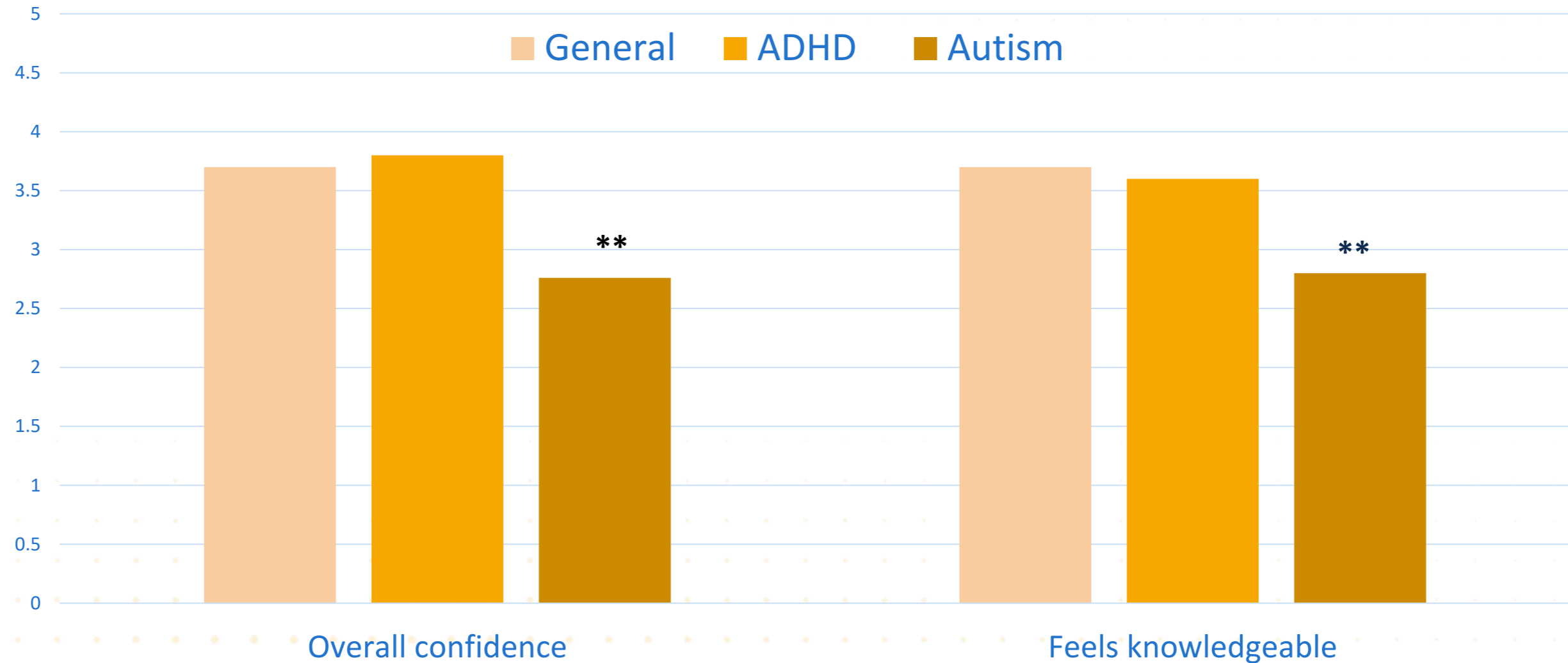
Primary theoretical orientation	CBT: 49.1% Eclectic: 22.1% Behavioural: 11.7% Other: 14.1%
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94% of clinicians reported having at least one client with autism

Many different professions

Overall confidence and knowledge ratings



** p < .001

Therapists feel less confident in psychotherapeutic processes

Overall: $t(161) = 10.41, p < .001$

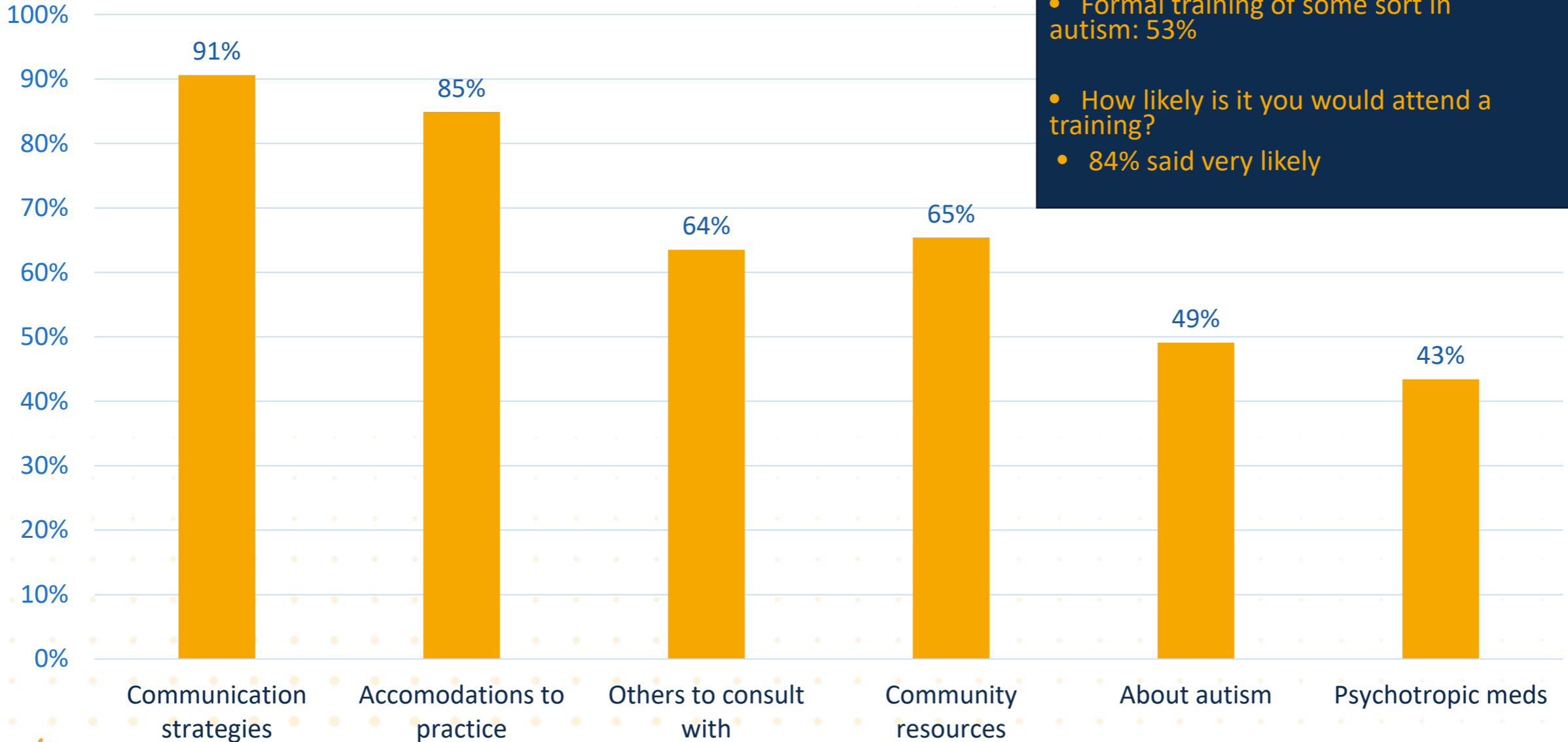
Within the context of mental health care, how confident are you that you can (1 = Not confident to 5 = Highly confident):	MH + ADHD M (SD)	MH + Autism M (SD)
1. Listen carefully to concerns presented by a client with ...?	4.4 (.6)	4.1 (.9)
2. Be empathetic towards a client with ...?	4.5 (.6)	4.3 (.8)
3. Understand special issues related to having ... and their impact on a client's life?	4.3 (.7)	3.8 (1.0)
4. Communicate with a client with ...?	4.3 (.7)	3.8 (.9)
5. Develop a therapeutic relationship with a client with ...?	4.4 (.7)	3.9 (.9)
6. Gather information from a client with ... so that their difficulties can be better understood?	4.3 (.7)	3.8 (1.9)
7. Use assessments in a way that a client with ... will understand?	3.9 (.9)	3.2 (1.2)
8. Explain results of an assessment process to a client with ...?	3.9 (.9)	3.2 (1.5)
9. Use knowledge about mental health issues in formulating the problems of a client with ...?	4.0 (.8)	3.5 (1.1)
10. Help a client with ... to identify issues that need to be considered in sessions?	4.0 (.8)	3.4 (1.1)
11. Use knowledge of mental health interventions to work effectively with a client with ...?	3.9 (.8)	3.2 (1.1)
12. Identify therapeutic approaches that will be effective for a client with ...?	3.9 (.8)	3.0 (1.1)
13. Work with caregivers and other important people in the lives of clients with ...?	4.1 (.7)	3.6 (1.1)
14. End intervention with a client with ... in an effective manner?	4.0 (.8)	3.1 (1.2)

Therapists use the SAME kinds of adaptations

In the past, what adaptations have you made in psychotherapy with...	ADHD	Autism
Provide structure and predictability (e.g., routines, transition activities)	88%	82%
Make use of special interests (e.g., include individual interests as part of therapy)	77%	80%
Make abstract concepts more concrete	70%	80%
Support with processing verbal information (e.g., simplifying language)	74%	73%
Capitalize on strengths (e.g., intelligence and acquisition of new information)	78%	67%
Minimize sensory distraction (e.g., adjusting lights and sounds)	68%	61%
Involving family members in sessions	67%	68%
Length of sessions: Shorter	82%	64%
Length of sessions: Longer	11%	11%
Environment (e.g., sensory area, relaxation area: mats or bean bag chair, visual aids)	64%	62%
Provide detailed information	40%	45%
Provide opportunities for generalization and ongoing practice	49%	45%



Future training interests



What would you like to see in a training program?

- Information about autism in general
- Evidence on mental health care
- Adaptations
- Family supports and systems of care



Developing informed training initiatives and policies

- There are specific needs for greater conversations about care for clients with autism
- Individual agency patterns or regions could vary
- Developing a baseline could determine and assess capacity building initiatives



Discussion with Panel



Panelists

- Cathy Lonergan, CYMH System Transformation Lead, Youth Services Bureau of Ottawa
- Dr. Laura Goodman, Ph.D., C.Psych, Psychologist, Kinark Child and Family Services
- Chris Clattenburg, MSW, Clinical Manager, Woodview Mental Health and Autism Services



References

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