Emotional wellbeing and mental health in young people with ASD

For many young people with an autism spectrum disorder (ASD) anxiety permeates their daily life. We too would be confused and extremely anxious if we experienced difficulties with:

- Language and communication
- Social understanding and relationships
- Flexible thinking and social imagination
- Sensory development
- Poor generalisation
- Attention, memory, understanding how others think and feel, getting the gist of a problem or situation before we plough into the detail
- Knowing that the adults around us can be turned to for help and guidance

For young people with autism their emotional state often captures the essence of the day. A student who is confused, scared and anxious cannot focus on the teacher’s tasks or their own learning.

They can’t often clearly articulate their emotional predicament, and may communicate their discomfort in more basic ways such as hitting out, screaming, avoiding situations, running away or closing down.

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Emotional wellbeing and learning

Traditionally the importance of the relationship between emotional states and learning has been overlooked in the formal education of all children. However the past 10 years has seen a rise of government led initiatives focusing on emotional well-being such as:

- The SEAL programme, (Social and Emotional Aspects of Learning, DfES, 2005).
- The TaMHS project (Targeted Mental Health in Schools, DCSF, 2008).

Although no longer in existence in their original form, SEAL and TaMHS have left a legacy with universal preventative programmes moving up the agenda and being introduced across the country, for example:

- **The Promoting Alternative Thinking Strategies (PATHS) Program** (Kam et al, 2004).
- **Triple P - Positive Parenting Program** (Hodgetts at al, 2013).
- **FRIENDS for Life Programme** (Barrett et al, 2001).

There are signs of similar change for young people with autism, prompted, in no small part, by the National Autistic Society (2010) publication, ‘You Need to Know’ which clearly sets out the link between ASD, anxiety and future mental health issues. Importantly it raises a mandate that the emotional well-being of children with autism remain clearly in focus.

‘Plan A is for Autism: using the AFFECTS model to promote positive behaviour’ (Smith 2014) presents the CARES acronym as a useful memory prompt to secure such ethical aims for young people with autism. The acronym reminds us all to set targets which concur with the needs of the young person to experience and develop confidence in:

- **Choice and Control**: i.e. set targets which enable the student to make meaningful choices about their day, their learning and, as appropriate, about their life, providing the essential feeling of themselves as an active participant.
- **Access and Opportunity**: i.e. set targets which increase the student’s access to new areas of activity, which they might enjoy, learn about and savour.
- **Relationships**: i.e. set targets which aim to grow positive, caring and mutually supportive relationships within the class, school and home setting, enabling the young person with autism to give and receive love and care.
• **Emotional well-being**: i.e. set targets which enable the student to recognise, understand and regulate their feelings and communicate clearly about them.

• **Skills and Competencies**: i.e. set targets which focus on new and useful skills in academic, social, emotional, physical and leisure areas.

The National Autistic Society (2012) further sets out clear guidelines on ethical interventions reminding all that an ethical intervention must always hold the personal well-being of the child with autism at its core, keeping the child safe, adopting a personalised ‘can do’ approach through the application of best practice in autism.

**Supporting emotional and mental health**

There are many publications which detail best practice in supporting the learning of young people with autism. However less guidance exists about how best to support emotional and mental health.

It is clear that ‘one size does not fit all’. New parents and professionals can add to their intuitive mental health toolkit by drawing on the sound practice of more skilled and experienced colleagues. Such practice is summarised as:

• I’m OK
• Recognising and naming emotions
• Teaching relaxation
• Developing networks of support
• Teaching playground skills
• Supporting exercise, sleep and a healthy diet
• Encouraging helpful, optimistic thinking.

Several interventions underpin each of these broad headings (Smith 2014) but perhaps the most significant are those identified under ‘I’m OK’: a variety of ways of helping the child with autism identify their strengths, skills and personal qualities as well as learning that they are cared for, loved and valued.

Several more structured interventions arise from the increasing evidence of the effectiveness of individual Cognitive Behaviour Therapy (CBT) with anxious children with autism (Reaven et al, 2009; Rotheram-Fuller, 2011). However, working preventatively, and teaching new and useful skills for coping with life’s ups and downs before fear and
anxiety take hold, offers a more proactive route and one better matched to home and school life.

Recently a small number of specialist preventative interventions have been developed, all with CBT underpinnings, building on that core dynamic between thoughts, feelings and behaviour. Some have a direct focus on teaching specific skills to groups of young people with ASD (Attwood & Garnett, 2013; Barrett, Smith and Slack, 2015) and others focus on developing the skills of parents and school staff (Stevens, 2013).

School-based, student focused, group learning has many plusses, in terms of:

- Accessibility
- Cost
- Peer support
- Normalisation of emotions
- Readymade opportunities that daily life offers to practise new skills.


Recent positive research into a modified version of FRIENDS for use with young people with ASD (Slack, 2013) has led to the development of Special FRIENDS (Barrett, Smith and Slack, 2015). Licensed Group Leaders’ Training days and subsequent use of the Special FRIENDS materials is proving very popular and offers a very important preventative intervention for young people with asd.

As expected of a programme underpinned by CBT, the FRIENDS programme teaches young people specific skills in the areas of thoughts, feelings and behaviour. The acronym summarises the content and structure of the programme:

- **F**eelings
- **R**emember to relax
- **I**- I can try, I can do my best
- **E**- Explore solutions
- **N**- Now reward yourself
- **D**- Do it every day
- **S**- Smile! Stay calm and ask for help
Special FRIENDS offers activities focusing on empathy, self-regulations, problem solving and thinking in positive and flexible ways. The layout is visually clear and the cartoon illustrations have proved popular with a wide range of young people. The materials focus on the needs of students with ASD in mainstream schools and those in more specialist provision.

References


Department for Education & Department for Health (2015) Special educational needs and disability code of practise: DfE publications


Smith, C R (2014) Plan A is for Autism, using the AFFECTS model to promote positive behaviour, Speechmark pub, LONDON


For more information FRIENDS and Special FRIENDS visit www.interactive-connections.co.uk or www.friendsprograms.com