

Mental Health and ASD/DD: Insight to Education

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WISCONSIN DEPARTMENT OF
Public Instruction
Jill K. Underly, PhD, State Superintendent

Why Are We Here?



What are our goals as an education system?

Elements of CSMHS have been shown to:

- Increase academic achievement and graduation rates (Kase et al. 2017, Lehr et al. 2004)
- Increase student engagement and connectedness to school (Greenberg et al. 2005)
- Decrease the need for restrictive placements (Bruns 2004).
- Increased access to mental health care (Guo 2010)
- Promote positive psychosocial outcomes (Durlak et al. 2007)
- Improved school climate (Astor 2017).

Why Are We Here?

Co-Occurring Mental Health Diagnoses:

- 70% of kids with ASD have at least one mental health disorder
- 41% to 50% of kids have two or more mental health conditions
- Anxiety affects about half of those with ASD who have a mental health condition

Source: Rogers Behavioral Health, Autism and Mental Health Facts (retrieved 2/1/23 from: <https://rogersbh.org/autism-mental-health-facts>).

- 78% of children with ASD have at least one mental health disorder
 - Depression = 14.4%
 - Anxiety Disorder = 39.6%
 - Obsessive-Compulsive Disorder = 9-22%
 - Eating Disorders = 1.4-7.9%

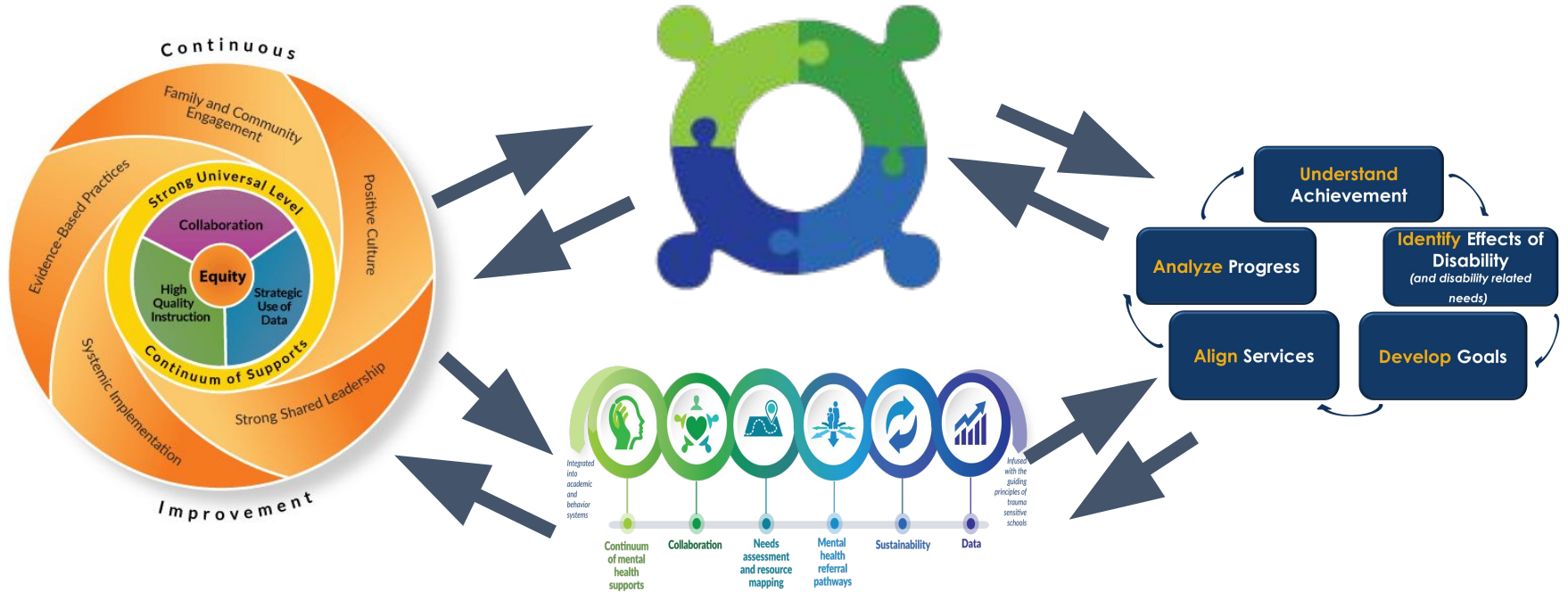
Source: Organization for Autism Research, The Intersection of Autism and Mental Health (retrieved 2/1/23 from <https://researchautism.org/the-intersection-of-autism-and-mental-health/>)

Why Are We Here?


“Compared to children and students without disabilities, children and students with disabilities experience (a) higher rates of mental health challenges; (b) more anxiety, depression, and academic-related distress; (c) higher rates of suicide ideation and suicide attempts, and nonsuicidal self-injury; and (d) greater peer victimization (Coduti et al., 2016; Fleming et al., 2016; Salle et al., 2018).”

[Supporting Child and Student Social, Emotional, Behavioral and Mental Health Needs](#). US Department of Education

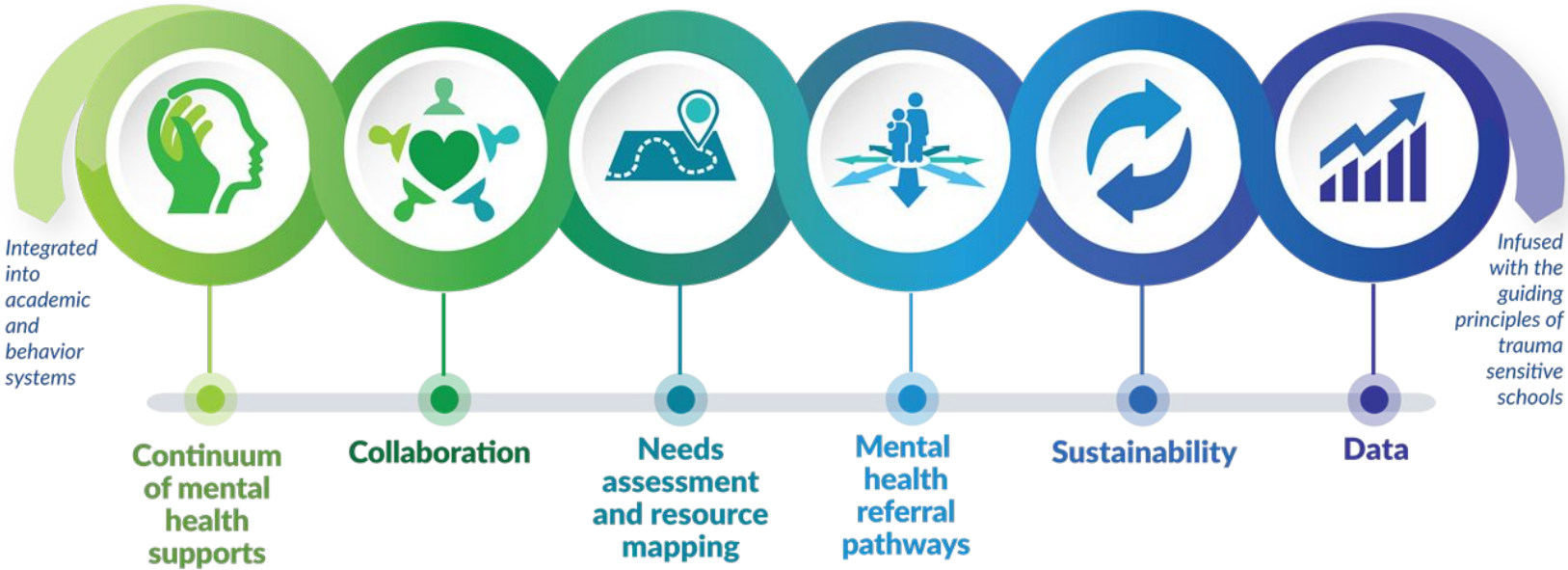
Today's Topics



Links to Resources

- [Equitable Multi Level System of Supports \(eMLSS\)](#)
 - [Comprehensive Special Education Evaluation Framework](#)
 - [Comprehensive School-based Mental Health Framework](#)
 - [College and Career Ready IEP Process](#)
 - [Role of SE Services in an eMLSS FAQ](#)
- 

Universal Foundation: CSMH Framework



The Wisconsin Comprehensive School Mental Health Framework

What influences Mental Health?



Economic Stability

Includes influencers such as poverty, employment, food security, and housing security.



Education Access and Quality

Includes influencers such as graduation from high school, enrollment in higher education, general educational attainment, language and literacy, and early childhood education.



Social and Community Context

Includes influencers such as community cohesion, civic participation, racism and discrimination, conditions in the workplace, and incarceration.



Healthcare Access and Quality

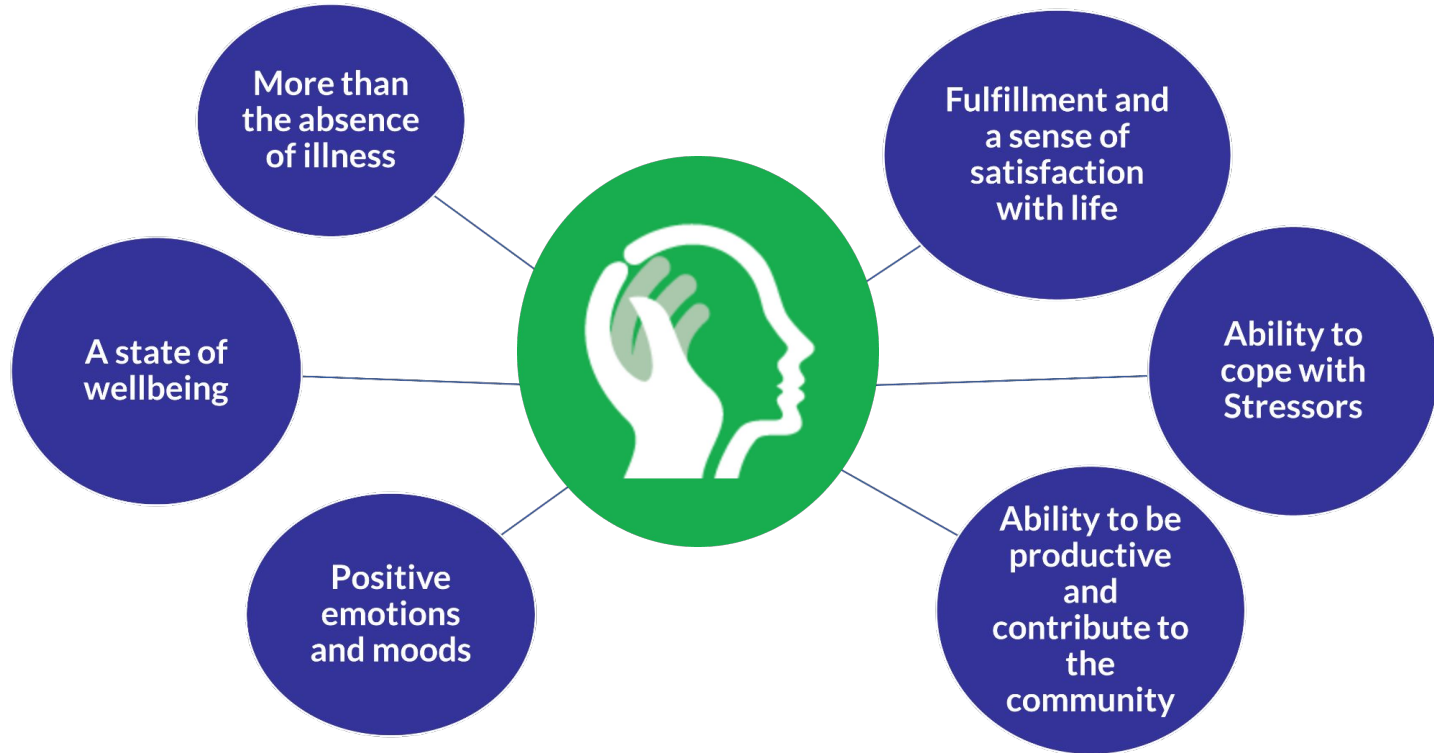
Includes influencers such as access to healthcare and primary care, health insurance coverage, health and mental health literacy.



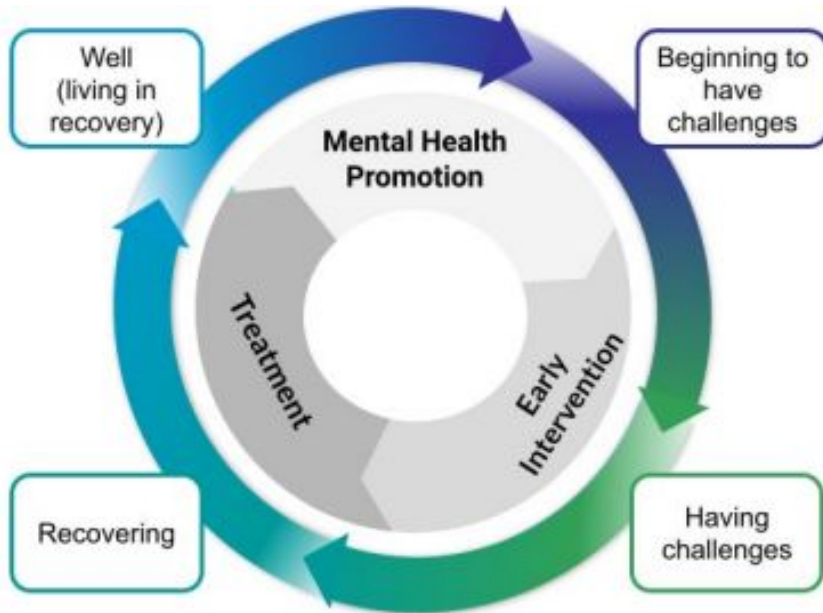
Neighborhood and Built Environment

Includes influencers such as quality of housing, access to transportation, availability of healthy foods, air and water quality, and neighborhood crime and violence.

Mental Health Includes Wellbeing



Continuum of Supports



Mental Health Promotion

SEL, Mental Health Literacy, Staff Wellness, PBIS

Early Intervention

Small group supports, mentoring, daily check-ins

Treatment

Individual, group, family therapy, wraparound services

Crisis Response

Suicide assessment, crisis support plans

Perspective Shift: Fixing Systems, Not Students

Discipline is to
teach, not to
punish

Open dialogue
about mental
health is the
norm

Behavior is
communication

People do well
if they can

Social
Influencers must
be addressed to
improve mental
health

Mental health
is an asset

Adult wellness is
as important as
student wellness

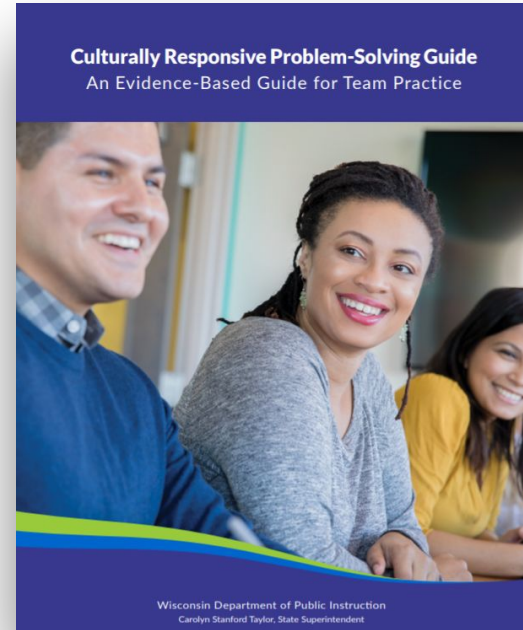
Perspective Shift: Promising Practices

- [Peer to Peer Suicide Prevention](#)
- [Restorative Practices](#)
- [Compassion Resilience Toolkit](#)
- [DPI SEL](#) Competencies and Resources

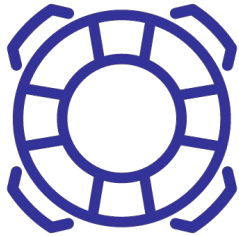
The screenshot shows the homepage of the Compassion Resilience website. The header features the logo 'Compassion Resilience' on the left, navigation links 'Compassion Resilience', 'How Does It Work?', and a 'Get Started' button on the right. The main heading is 'Advancing Adult Compassion Resilience: A Toolkit For Schools'. Below this are three circular images: the first shows a teacher and students at a desk labeled 'Compassion Resilience'; the second shows a man in a vest labeled 'How Does It Work?'; the third shows a smiling boy labeled 'Get Started'. The footer contains contact information (414-865-2455, WISE@wisconsin.gov), toolkits for Schools, Healthcare, and Community, legal information (Privacy Policy, Terms & Conditions), and logos for WISE (WISCONSIN INVESTING IN STUDENT EDUCATION) and the STATE OF WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION.

Changes in Policies and Adult Practices: Promising Practices

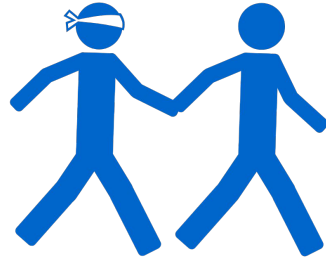
- [SHAPE System, SMH-QA](#)
- [Mental Health Referral Pathways](#)
- [Culturally Responsive Problem Solving](#)



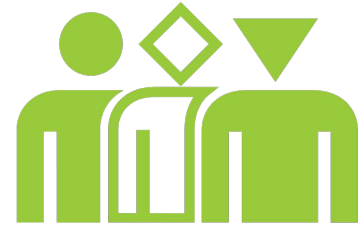
Trauma Sensitive Lens for CSMHS



Safety



Trustworthiness



Cultural Responsiveness



Empowerment



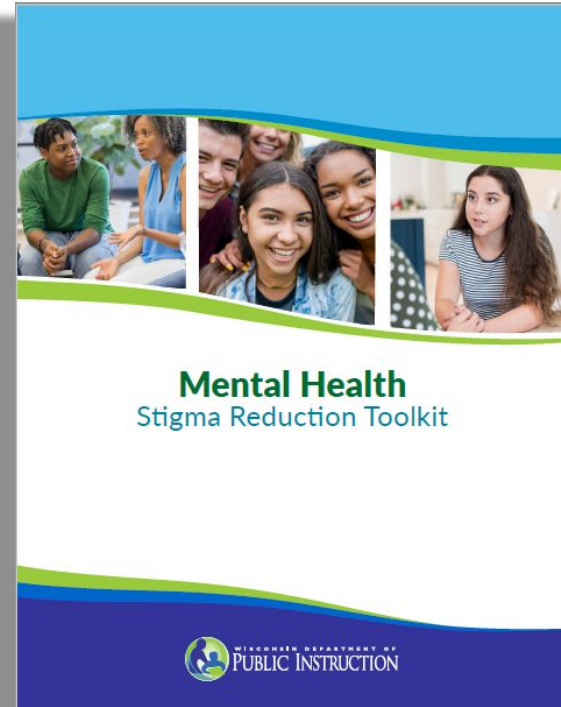
Collaboration



Choice

MH Literacy: Tools

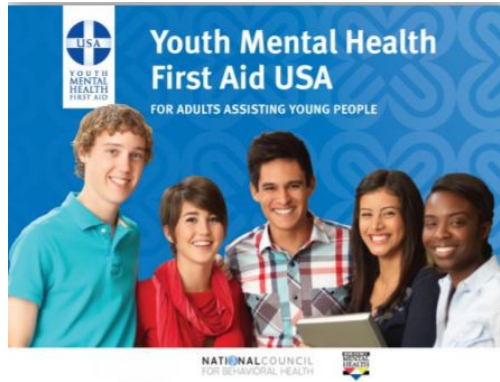
- Stigma [reduction toolkit](#)
- MH Literacy [Units of Instruction](#)
- [YMHFA Training](#)
- [TSS Online Professional Development System](#)



Wisconsin Safe and Healthy Schools Center (WISH)



[Restorative Practices Training and Support](#)



[Youth Mental Health First Aid Training](#)



[Screening, Brief Intervention, Referral to Treatment \(SBIRT\)](#)

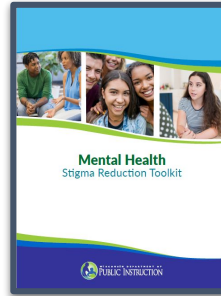
Mental Health Promotion: Tools and Resources



[Social
and
Emotional
Learning](#)



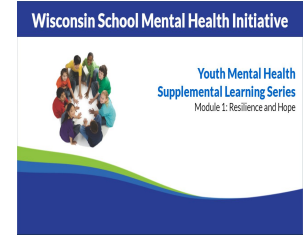
[Trauma Sensitive
School Modules
and Resources](#)



[Stigma Reduction
Toolkit and Mental
Literacy Units of
Instruction](#)



[Compassion
Resilience
Toolkit](#)



[Resilience
and Hope
Module](#)

Data → Needs → Universal Practices

What does your data tell you?

Overwhelming amount of MH challenges → [CSMH Framework](#)

High Levels of trauma in community? → [Trauma Sensitive Schools](#)

Disproportionality? → [Culturally Responsive Problem Solving](#)

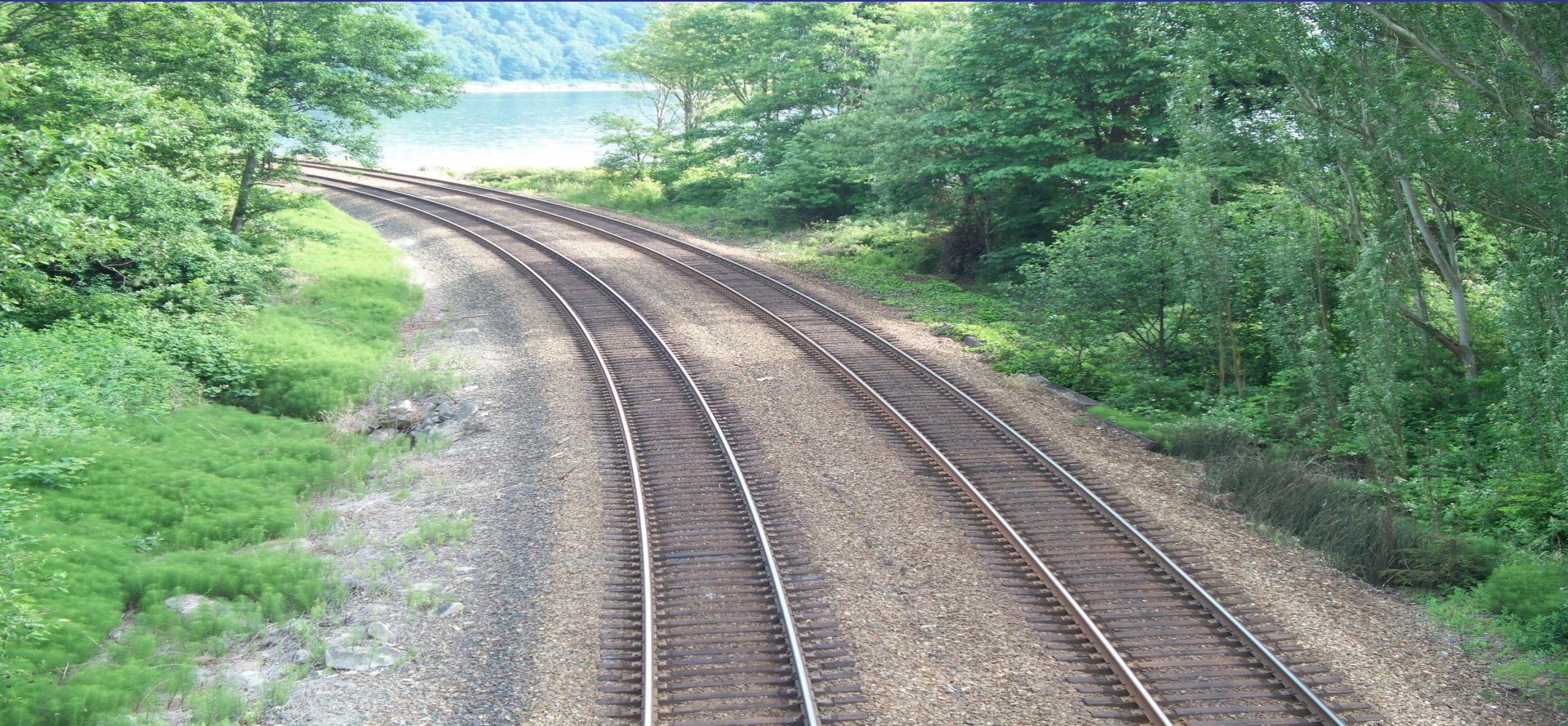
“Pull-out,” self-contained, separate programs understaffed or overcrowded? → [Inclusive Practices to Address Behavioral Needs](#)

High staff turnover or burnout? → [Compassion Resilience](#)

Get Kids Ahead Initiative

- All Wisconsin public school districts and independent charter schools were eligible to receive GKA funding, and each district received a per-pupil allocation ranging from the minimum award of \$10,000 to much higher awards for districts with large student populations.
- First allocation was Spring 2022 and will receive the second allocation Spring 2023. Funds must be spent by December 31, 2024.
- Funds must be used for building, improving, and sustaining Comprehensive School Mental Health Systems (CSMHS).

CSMH & CSEE



CSEE Framework Overview



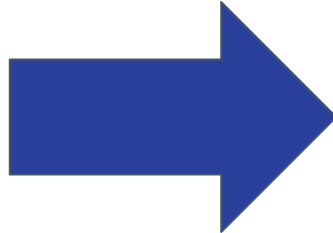
A Comprehensive Special Education Evaluation (CSEE) is driven by educationally relevant questions grounded in assessment areas (domains) rather than disability category criteria.

- Need vs. label focused
- Consideration of disability category criteria is only one part of a comprehensive evaluation

Need vs. Label Focus: Words Matter

Move From:

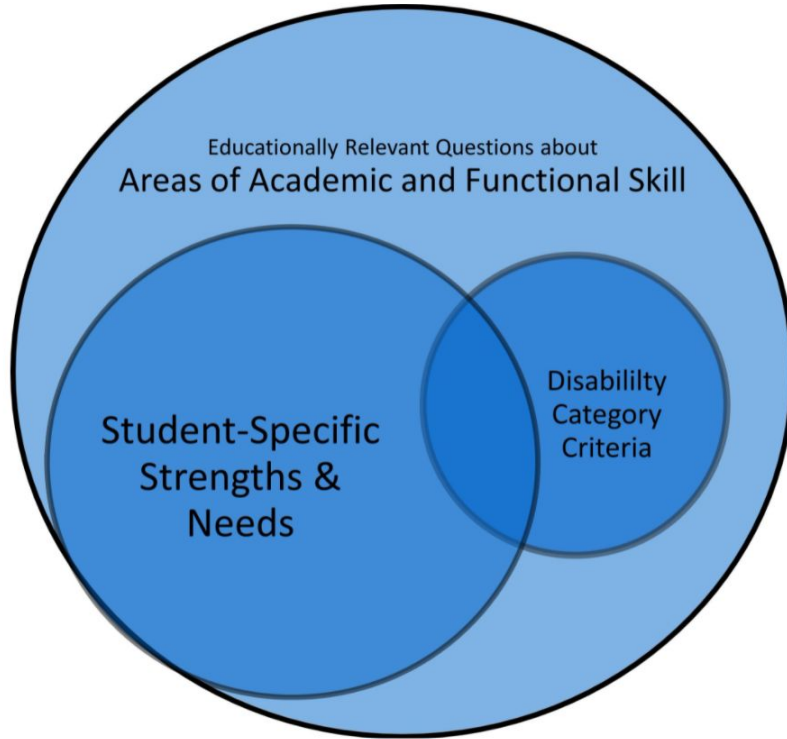
We think this student has an autism. What assessments do we need to conduct to determine SE eligibility?



Move To:

What information do we need to gather in order to determine eligibility AND identify the strengths and needs of the student?

Category Criteria are Necessary but Not Sufficient



“..the evaluation is **sufficiently comprehensive to identify all of the child’s special education and related service needs, whether or not commonly linked to the disability category in which the child has been classified.**” 34 CFR 300.304 (c)(6)

Educationally Relevant Questions

- Developmentally and educationally relevant questions about instruction, curriculum, environment, as well as the student (learner) (ICEL framework) guide the evaluation. Such questions are especially helpful during the review of existing data to determine what, if any, additional information is needed. Asking clarifying questions throughout the evaluation helps the team explore educational concerns as well as student strengths and needs such as barriers to and conditions that support student learning, and important skills the student needs to develop or improve.




Six Areas of Academic and Functional Skill

1. Academics
2. Cognitive Learning
3. Communication
4. Independence and Self-Determination
5. Physical and Health
6. Social and Emotional Learning

KEY POINT: The six areas of academic and functional skill represent interrelated knowledge, skills, and habits. Any one skill, such as self-regulation, will often interact with and affect skills within one or more of the other six areas.

<https://dpi.wi.gov/sped/ccr-ieps/comp-eval/six-areas>

Example: Assessing Needs vs. Label

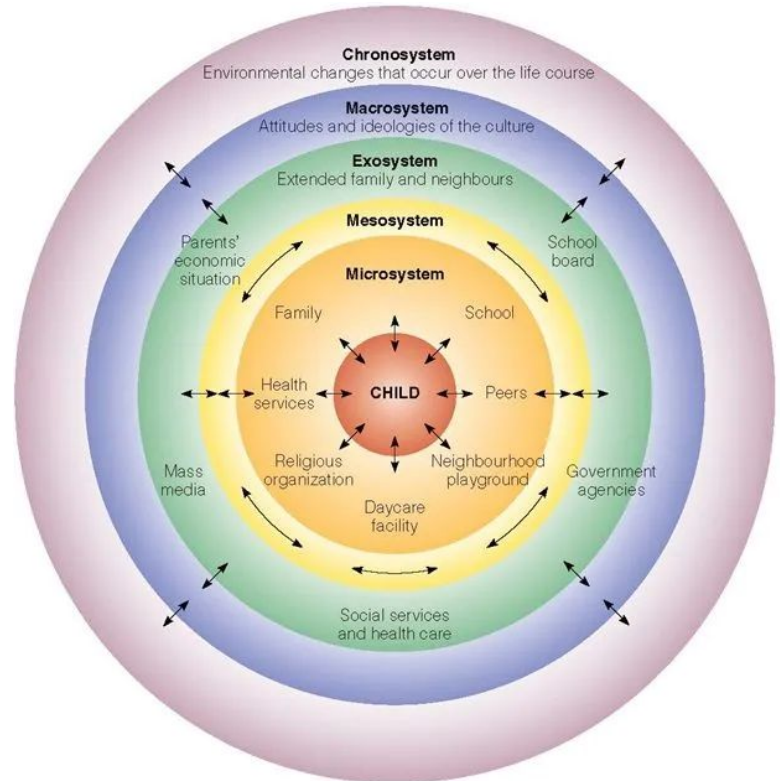
1. Academics 
2. Cognitive Learning
3. Communication 
4. Independence and Self-Determination
5. Physical and Health
6. Social and Emotional Learning 

The student displays problems which extend beyond speech and language to other aspects of social communication, both receptively, and expressively. The student's verbal language may be absent or, if present, lacks the usual communicative form which may involve deviance or delay or both. The student may have a speech or language disorder or both in addition to communication difficulties associated with autism

Ecological Factors

The RIOT/ICEL Matrix

	Review	Interview	Observe	Test
Instruction				
Curriculum				
Environment				
Learner				



Bronfenbrenner's Ecological Systems Theory

Mental Health and Evaluation Requirements

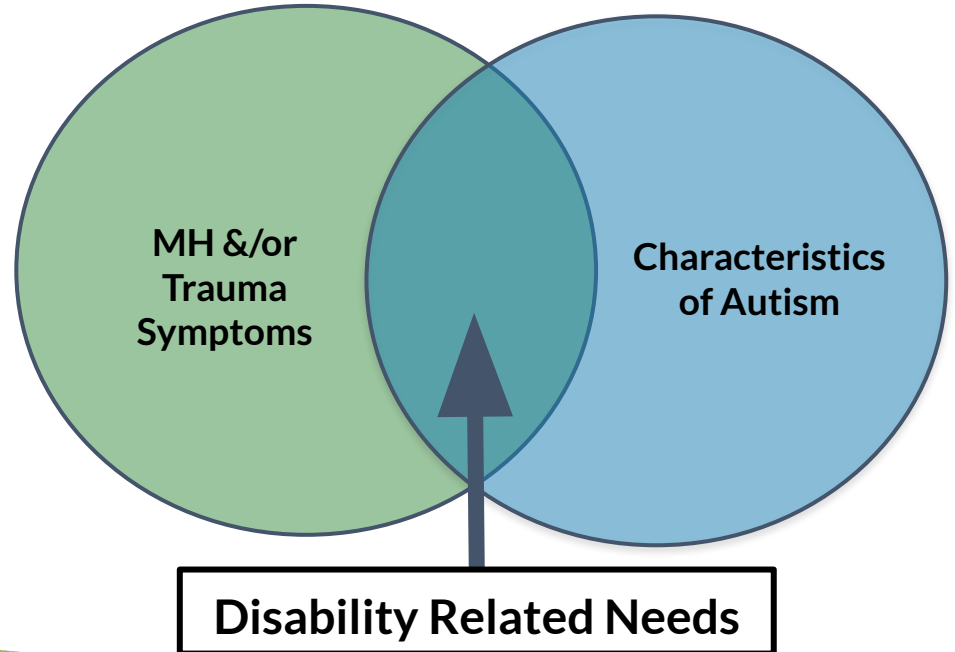
- A mental health condition does not necessitate special education nor does it preclude someone from being eligible for special education.
- The IEP team documents and considers the diagnoses while conducting assessments to investigate whether the symptoms of the medical diagnoses are evident at school and adversely affect the student's educational performance.
- In circumstances such as the sudden onset of a MH condition, there may be a high frequency and intensity of observable behaviors over a shorter period of time or multiple acute episodes.

[Emotional Behavioral Disability FAQ](#)

Mental Health Diagnoses and CSEE

Data Source (external/clinical) → MH Symptoms

Data Source (internal/CSEE evaluation) → Characteristics of EBD



Comprehensive Special Education Evaluation

The evaluation must provide sufficient information to determine:

- i. Whether the child is a child with a disability, and
- ii. The content of the child's IEP, including information related to enabling the child to be involved in and progress in the general education curriculum or age appropriate activities.

34 CFR 300.304(b)(1)

eMLSS/CSMH, CSEE, CCR IEP



Inclusive Strategies to Address Behavioral Needs for Students with IEPs

Adults must:

- Examine biases and beliefs about student behavior
- Build and cultivate relationships with students
- Develop a positive and proactive approach
- Develop a hypothesis about the root cause(s) or function(s) of why



[Inclusive Strategies to Address Behavioral Needs for Students with IEPs](#)

Positive Behavioral Interventions and Supports

IDEA requires IEP Teams consider the use of positive behavioral interventions and supports to address behaviors that interfere with a student's learning or the learning of others.

This requirement applies to all students, aged 3-21, regardless of the student's category of disability.



34 CFR § 300.324(a)(2)(i);
Wis. Stat. § 115.787(3)(b)(1)

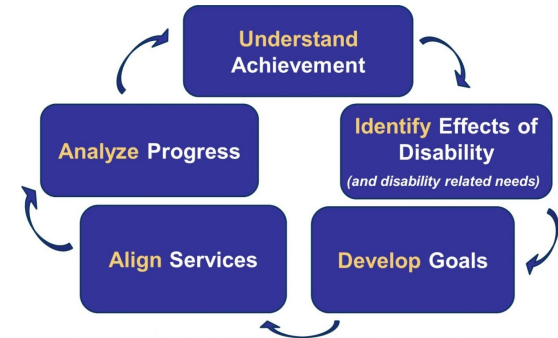
Individualized Education Program (IEP)

Under the IDEA, the primary vehicle for providing a Free Appropriate Public Education (FAPE) is through an appropriately developed IEP that is based on the individual needs of the child. The “Failure to address the behavioral needs of a student through the IEP process is likely to result in a student not receiving FAPE”.

(Wisconsin DPI [Bulletin 18.02](#))

Incorporating Evaluation and PM Data into the IEP

- Data collected is incorporated into PLAAFP; goal baseline, level of attainment
- Information is used to describe situations, settings, adult behavior and other factors identified that positively or negatively influence the behavior
- Information is included in Special Factors and is used to determine Effects of Disability and Disability Related Needs
- Information is used to determine services outlined in Program Summary



Incorporating the Data into the IEP (cont.)

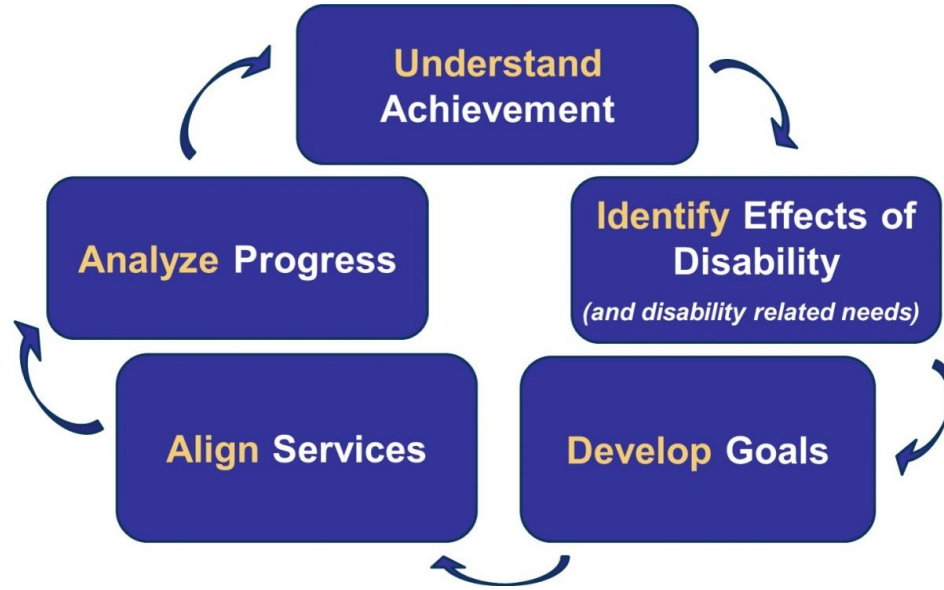
IEP team used the data gathered through the evaluation in order to match the positive interventions and supports to the student's needs, such as:

- Teach a new skill that was identified as a learning barrier
- Improve proficiency in a developing skill
- Generalize a skill across learning environments

Behavior Intervention Plan (BIP)

- **If the IEP team determines that more details are needed than what is included in the IEP, a separate BIP can be created to:**
 - **to outline a specific process for implementing a supplementary aid and service or behavior support strategy**
 - **details on a staff safety response plan or crisis intervention strategies**
 - **other, as determined by the IEP team**
- **If created, it must be clearly documented in the IEP that there is a BIP attached**

College and Career Ready IEP: 5 Step Process



<https://dpi.wi.gov/sped/college-and-career-ready-ieps/learning-resources/5-step-process>

Specially Designed Instruction (SDI)

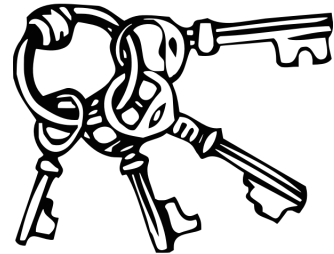
Specially designed instruction means adapting, as appropriate to the needs of an eligible student, the **content, methodology, or delivery** of instruction:

- (i) to address the unique needs of the student that result from their disability; and
- (ii) to ensure access of the student to the general curriculum so **they** can meet the educational standards that apply to all students **within the jurisdiction of the public agency ...**

[34 CFR 300.39\(b\)\(3\)](#)

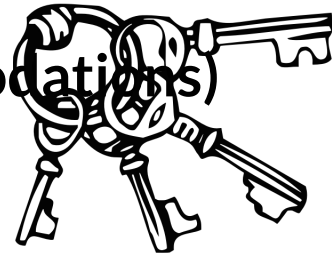
Key Features of SDI

- Instruction in which the **content, methodology** or **delivery** is individually adapted to address a student's disability related needs
- Allows the student to access, engage, and make progress in the general education curriculum, and meet the standards and expectations of age or grade level peers.



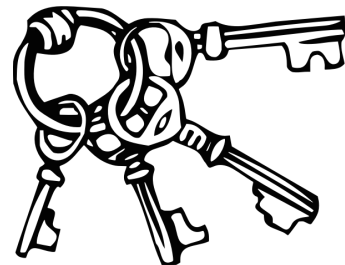
Key Features of SDI

- Tailored to an individual student
- Explicitly and systematically address a student's disability-related need(s) in academic or functional skill areas
- May include instruction in physical education, speech and language therapy, travel training, vocational instruction or other areas
- Linked to one or more IEP goals
- SDI Is not Supplementary Aids and Services (accommodations)

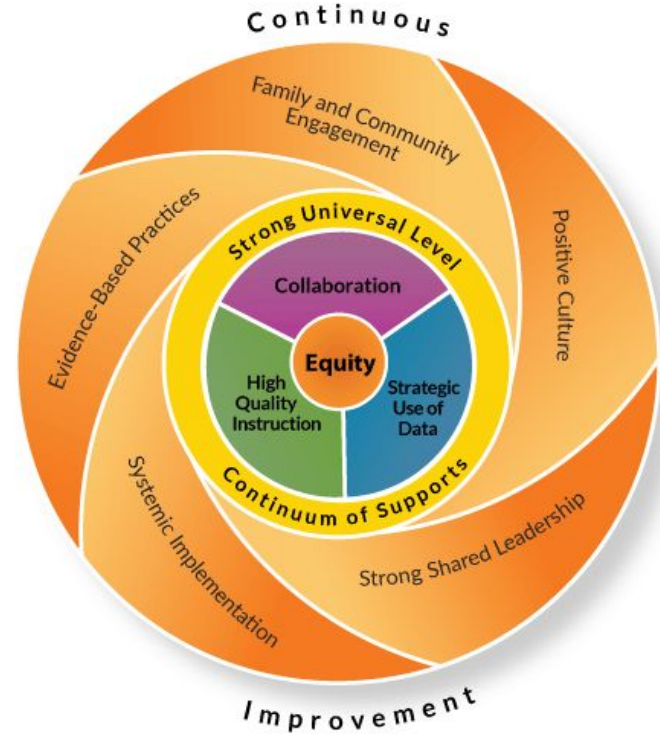


Key Features of SDI

- SDI is a service, not a place
- May be provided in any learning environment including school, home, community, and other settings
- Provided at no additional cost to the student or student's parent(s)



Conclusions / Questions?



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