

**DNEA** | Delaware Network for  
Excellence in Autism

Autism and Mental Health

The Mind Body Consortium  
March 18<sup>th</sup> & 25<sup>th</sup>, 2025

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Welcome!

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Alisha Fletcher, DSW, LCSW

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- Led by the University of Delaware Center for Disabilities Studies (CDS), the DNEA provides training, technical assistance, and information dissemination that benefits individuals with autism, their families, and the professionals who serve them.
- The DNEA leverages interdisciplinary expertise and collaboration across multiple organizations, state agencies and specialists - including the Interagency Committee on Autism and network partner Autism Delaware - to promote equity, inclusion, and access through the use of evidence-based and promising practices for individuals with autism across the lifespan.

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Who Is Here Today?




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 Training Citation

Please use the following citation guidelines when referencing this training content:

Fletcher, A., Mallory, S., & DNEA CDS Team. (2023). *Autism and mental health*. Delaware Network for Excellence in Autism.

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Training Agenda

Autism & Mental Health

- Training Objectives
- Neurodiversity & Discussing Disability
- Core Characteristics of Autism
- Autism & Mental Health
- The Impact of Trauma
- Supporting Autistic Mental Health
- Jessica’s Story
- Resources

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# Training Objectives

At the completion of this training, participants will understand:

- 1. Language surrounding neurodiversity and disability,
- 2. How the core characteristics of autism increase one's susceptibility to mental health disorders,
- 3. The prevalence and presentation of commonly occurring mental health conditions in autistic individuals,
- 4. The impact of trauma and the importance of trauma-informed care;
- 5. Ways to support autistic mental health through neurodiversity-affirming care, self-determination, and general therapy strategies;
- 6. Additional Delaware-specific mental health resources and training.



# Additional Resources That Accompany This Training

**Research Recap:  
Avoiding Ableist Language**

Article Reference: Bottoms-Bucholz, M., Kapp, S. K., Lavelle, J. N., Sisson, N. L., & Mand, B. N. (2023). Avoiding ableist language: Suggestions for autism researchers. *Autism*, 27(1), 18-25. <https://doi.org/10.1177/1362254923118034>

**Ableism** is discrimination and social prejudice against people with disabilities and people perceived as disabled. Ableism is characterized by an attitude that by their disabilities or differences to people without an identified disability it's important that professionals understand it, and use non-abled language language they use in their communication, and use non-abled language alternatives to describe the autism and autistic people.

Language and meaning are constantly evolving, what appears in the table below as recommendations may be inappropriate in some current or future contexts. Ableist language is not always reducible to terminology, so it would be possible to avoid using any of the terms in the table that are recommended against and still be perpetuating ableism through language choices.

Table reproduced with permission, from Bottoms-Bucholz et al., 2023

**DNEA Resource Guide  
for Professionals**

*"I am proud of my identity and of my community. I don't 'have' something that makes me who I am, I simply am."*

*"Any Sequence?"*

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Potentially Ableist Terms, Idioms, and Suggested Alternatives	
Current Ableist Terms	Suggested Alternatives
Special interests	Focused or passionate interest, areas of interest or expertise
Special needs	Describe the specific needs of the individual
Challenging behavior, disruptive behavior, problem behavior, abnormal behavior	Specific descriptions of their behavior (flapping, bumping, spinning, tantrums, self-harm)
High/Low functioning	Describe the individual's strengths and needs, acknowledge the level of support needed
At risk for autism	Increase individual's chances of autism
Suffers from autism	Has autism, is autistic
Consented (unless used in a medical or diagnostic setting)	Co-occurring
Autism spectrum	Describe their characteristics, features, traits
Treatment	Support, services, educational strategies
Normal, typical look, healthy	Non-stigmatized, nonabled, individual without disabilities
Cure, recovery, optimal outcome	Describe goals of the individual

Additional resource guides at: <https://www.delawarenetwork.org/>  
Research Recap: Available from the author. Reproduction brought to you by the DNEA.

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- DNEA resource guides
- PowerPoint slides



<https://tinyurl.com/3jtnb8wp>



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# Neurodiversity & Discussing Disability

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## Models of Disability



### Medical Model

- The person needs to be fixed
- Clinical and medical roots
- Professionals are experts in disability

### Social Model

- Disability is seen as one aspect of a person's identity
- A mismatch between the disabled person and the environment
- Change the environment and society rather than people with disabilities

**“How people think about disability affects how they feel about disability.”**


(Olkin, 2022)

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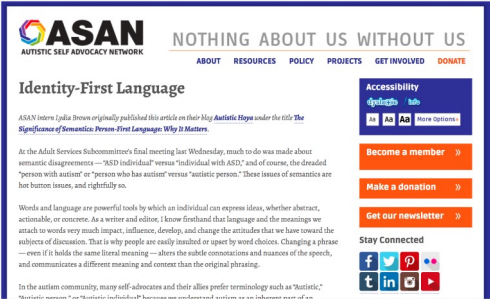
Discussing Disability

Person-first Language

- Person WITH a disability
- Person WITHOUT a disability

Identity-first Language

- Disabled person
- Non-disabled person




Autistic Self Advocacy Network (2022)

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Changing Perceptions and Language

Ableist Term	Preferred Language
Special interest	Areas of interest or expertise; specialized, focused or intense interests
Co-morbid	A person with autism has
High/low functioning	Describe specific strengths and needs and acknowledge the level of support needed varies across areas
Autism as a puzzle	Autism as part of neurodiversity
Autism as an epidemic	Autism as increasingly recognized and diagnosed.
At risk of autism	May be autistic; increased likelihood of being autistic
Cure or treatment	Specific support or service

Bottema-Beutel et al. (2021); Monk et al. (2022)

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## Phrases that should not be used

- “My People”
- “My Kids”
- “My Caseload”
- “The mom says...” or “Mom, what do you think?”
- “The Disabled”
- “Stricken with...”, “Suffers from...”



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## What is Ableism?

- Ableism is a type of discrimination in which a person is treated unfairly because of their disability
- Rooted in societal norms that prioritize able-bodied and neurotypical individuals
- It can be intentional or unintentional.  
(Campbell, 2009; Nario-Redmond, 2020)
- Affects education, employment, healthcare, and social interactions  
(Dolmage, 2017; Garcia, 2021)

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**Research Recap: Avoiding Ableist Language**

**DNEA Resource Guide for Professionals**

**Article Reference:** Bottoms-Beutel, K., Kapp, S. K., Lester, J. N., Sasson, N. J., & Hand, B. N. (2021). Avoiding ableist language: Suggestions for autism researchers. *Autism in Adulthood*, 3(1), 18–29. <https://doi.org/10.1002/aut.20010>

**Ableism** is discrimination and social prejudice against people with disabilities and people perceived as disabled. Ableism characterizes people as defined by their disabilities as inferior to people without an identified disability. It's important that professionals understand what ableism is, reflect on the language they use in their communication, and use non-ableist language alternatives to describe autism and autistic people.

Language and meanings are constantly evolving, what appears in the table below as recommendations may be inappropriate in some current or future contexts. Ableist discourses are not always reducible to terminology, so it would be possible to avoid using any of the terms in the table that are recommended against and still be perpetuating ableism through language choices.

*“I am proud of my identity and of my community. I don't ‘have’ something that makes me who I am. I simply am.”*  
—Amy Sequenzia\*

\*<https://www.delnetwork.org/learn/updates-to-self-advocates/>

Potentially Ableist Terms/ Discourses and Suggested Alternatives	
Current Ableist Terms	Suggested Alternatives
Special interests	Focused or passionate interest, areas of interest or expertise
Special needs	Describe the specific needs of the individual
Challenging behavior, disruptive behavior, problem behavior, abnormal behavior	Specific description of their behavior (flapping, bumping, stimming, meltdowns, self-harm)
High/Low functioning	Describe the individual's strengths and needs, acknowledge the level of support needed
At risk for autism	Increase likelihood, chance of autism
Suffers from autism	Has autism, is autistic
Comorbid (unless used in a medical or diagnostic setting)	Co-occurring
Autism symptoms	Describe their characteristics, features, traits
Treatment	Support, services, educational strategies
Normal, typical kids, healthy	Neurotypical, neuroautistic, individuals without disabilities
Cure, recovery, optimal outcome	Describe goals of the individual

Table reproduced with permission, from Bottoms-Beutel et al., 2021

Additional resource guides at: <https://www.delnetwork.org/learn/updates-to-self-advocates/>  
Research Recap: Updates from the autism literature brought to you by the DNEA.

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## Disrupting Ableism



**Research Recap: Avoiding Ableist Language**

**DNEA Resource Guide for Professionals**

**Article Reference:** Bettina Beutel, A. Kapp, S. A. Lester, J. N. Sasson, N. J. & Hand, A. N. (2021). Avoiding ableist language: Suggestions for autism researchers. *Autism in Adulthood*, 5(1), 18–29. <https://doi.org/10.1089/aut.2020.0044>

**Ableism** is discrimination and social prejudice against people with disabilities and people perceived as disabled. Ableism characterizes people as defined by their disabilities as inferior to people without an identified disability. It's important that professionals understand what ableism is, reflect on the language they use in their communication, and use non-ableist language alternatives to describe autism and autistic people.

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*"I am proud of my identity and of my community. I don't 'have' something that makes me who I am. I simply am."*  
—Amy Sequenzia\*

\*<https://www.delnwautism.org/delaware-network-for-excellence-in-autism>

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High/Low functioning	Describe the individual's strengths and needs, acknowledge the level of support needed
At risk for autism	Increase likelihood, chance of autism
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Autism symptoms	Describe their characteristics, features, traits
Treatment	Support, services, educational strategies
Normal, typical kids, healthy	Neurotypical, neurocognitive, individual without disabilities
Cure, recovery, optimal outcome	Describe goals of the individual

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Additional resource guides at: <https://www.delnwautismnetwork.org/>  
Research Recap: Updates from the autism literature brought to you by the DNEA

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**Disability in Cultural Products (films, TV, social media, literature...)**


**Learning to recognize ableism**

Ableism is perpetuated through

**Questions to consider:**

1. Cultural products (media, films, advertisements, literature...)
2. Assumptions made by professionals about families of children with disabilities
3. Language
4. Activities that are intended to increase "awareness"

In what ways do ableist narratives about disability get reinforced through media, literature, language, and images?



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## What is Neurodiversity?

- **Neurodiversity** refers to natural differences in the brain that can lead people to experience and interact with the world in various ways
  - These differences are not considered “right” or “wrong.”
  - *Example use:* “Our workplace values neurodiversity and works to accommodate and support all employees.”
- **Neurotypical** people generally behave and process information in ways that are considered standard or typical
  - *Example use:* “John’s communication skills and social interactions are typical for his age; these qualities are often associated with neurotypical people.”

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## What is Neurodiversity?

- **Neurodivergent** people see and understand the world around them differently than neurotypical people
  - Example diagnoses: Autism spectrum disorder (ASD); attention deficit hyperactivity disorder (ADHD)
  - *Example use:* “Neurodivergent students often have unique views and strengths that can help create classrooms that are diverse and open to everyone.”
- **Self-identification** may occur when people identify themselves as being neurodivergent without having a formal diagnosis
  - May occur when a person has difficulty getting an appropriate assessment or if a person does not want a formal assessment
  - *Example use:* “Molly, who self-identifies as having autism, joined an online group for people who identify as neurodivergent.”

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### What is Neurodiversity?

DNEA Resource Guide

There are a lot of different terms related to neurodiversity. This resource guide defines some key terms and provides some useful tips and resources about autistic culture.

**Key Terms to Know**

**Neurodiversity** refers to natural differences in the brain that can lead people to experience and interact with the world in a variety of ways. These differences are not considered "right" or "wrong."

**Example use:** "Our workplace values neurodiversity and works to accommodate and support all employees."

**Neurotypical** people generally behave and process information in ways that are considered standard or typical.

**Example use:** "John's communication skills and social interactions are typical for his age; these qualities are often associated with neurotypical people."

**Neurodivergent** people see and understand the world around them differently than neurotypical people. Autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD) are two examples of diagnoses that are considered to be neurodivergent.

**Example use:** "Neurodivergent students often have unique views and strengths that can help create classrooms that are diverse and open to everyone."

**Self-identification** may occur when people identify themselves as being neurodivergent without having a formal diagnosis. This may occur when a person has difficulty getting an appropriate assessment, or if a person does not want a formal assessment.

**Example use:** "Molly, who self-identifies as having autism, joined an online group for people who identify as neurodivergent."

**Language Preferences**

For a long time, people were encouraged to use **person first** language when discussing people with disabilities. This movement focused on person's disability being just one part of their identity.

**Person with autism**




Many people with disabilities prefer **identity-first** language because they feel their disability is an important part of their identity.

**Autistic person**

Each person and family may have a different preference about the language they use to describe their disability. Identity-first and person first language are often both used in order to respect both preferences. The best way to determine a person's language preference is to ask them if it is also acceptable to ask a caregiver if a person is unable to communicate their preference due to complex communication needs.

Additional resource guides and a full list of references at <https://www.delawareautismnetwork.org/>.

Vertucci, K., Slavin, L., Mallory, S., Fletcher, A., & DNEA CDS Team. (2023). DNEA resource guide: What is neurodiversity? Delaware Network for Excellence in Autism.

### What is Neurodiversity?

DNEA Resource Guide

**Resources**

**Books**

*I Will Die on This Hill* by Meghan Aikburn and Jules Edwards

*Loud Hands: Autistic People, Speaking* by Julia Bascom

*Sincerely, Your Autistic Child: What People on the Autism Spectrum Wish Their Parents Knew About Growing Up, Acceptance, and Identity* by Autistic Women and Nonbinary Network

*Uniquely Human: Updated and Expanded: A Different Way of Seeing* by Barry Prizant

*We're Not Broken: Changing the Autism Conversation* by Eric Garcia

*What I Mean When I Say 'I'm Autistic: Unraveling a Life on the Autism Spectrum* by Annie Kotowicz

**Online**

Autistic Self Advocacy Network at [autisticadvocacy.org](https://autisticadvocacy.org)

Autism Intervention Research Network on Physical Health (AIR-P) at [airpnetwork.ucla.edu/](https://airpnetwork.ucla.edu/)

Autism Intervention Research Network on Behavioral Health (AIR-B) at [www.airbnetwork.org](https://www.airbnetwork.org)

**Research**

den Houting, J. (2019). Neurodiversity: An insider's perspective. *Autism*, 23(2), 271-273. <https://doi.org/10.1177/1362283118802762>

Leadbetter, K., Beckley, K. L., Ellis, C., & Dekker, M. (2021). Autistic self-advocacy and the neurodiversity movement: Implications for autism early intervention research and practice. *Frontiers in Psychology*, 12, 1-7. <https://doi.org/10.3389/fpsyg.2021.635669>




Steening, A., & Rosqvist, H. B. (2021). Neurodiversity studies: Mapping out possibilities of a new critical paradigm. *Disability & Society*, 35(9), 1532-1537. <https://doi.org/10.1080/09687599.2021.1915863>

**Tips**

- Partner with autistic people!** When working on a project that involves autism, get input from autistic people - ask them what they think about your ideas.
- Respect language differences!** Ask someone if they prefer person or identity-first language and do your best and use their preference of a person with autism and/or an autistic person.
- Learn more about autistic culture!** Read articles, books, or personal stories written by autistic people. Engage with autistic communities through online forums and social media. Attend workshops and training that feature autistic speakers.
- Use a person-centered approach!** Focus on improving quality of life rather than trying to make a person look "less autistic" or forcing them to behave in a standard or typical way.

Additional resource guides and a full list of references at <https://www.delawareautismnetwork.org/>.

Vertucci, K., Slavin, L., Mallory, S., Fletcher, A., & DNEA CDS Team. (2023). DNEA resource guide: What is neurodiversity? Delaware Network for Excellence in Autism.

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# Core Characteristics of Autism

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## Intellectual/Developmental Disabilities

- **Developmental disabilities:** developmental differences beginning before adulthood
  - autism, ADHD, Down Syndrome, cerebral palsy, fragile X syndrome
- **Intellectual disabilities:** a type of developmental disability causing intellectual differences beginning before adulthood affecting:
  - Cognition or intelligence: learning, reasoning, problem-solving, and other skills
  - Adaptive behavior: everyday social and life skills

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## What are Developmental Disabilities?



Developmental differences  
begin before adulthood



Lifelong


(American Psychiatric Association, 2022)

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### Impact of Developmental Disabilities on Daily Life

Personal

Social


Academic

Occupational




(APA, 2022)

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### Autism Prevalence Rate: ADDM CDC 2023 Report



1 in 36


8-year-old children living in ADDM Network sites\* were identified with ASD in 2020

\* 11 U. S. Communities



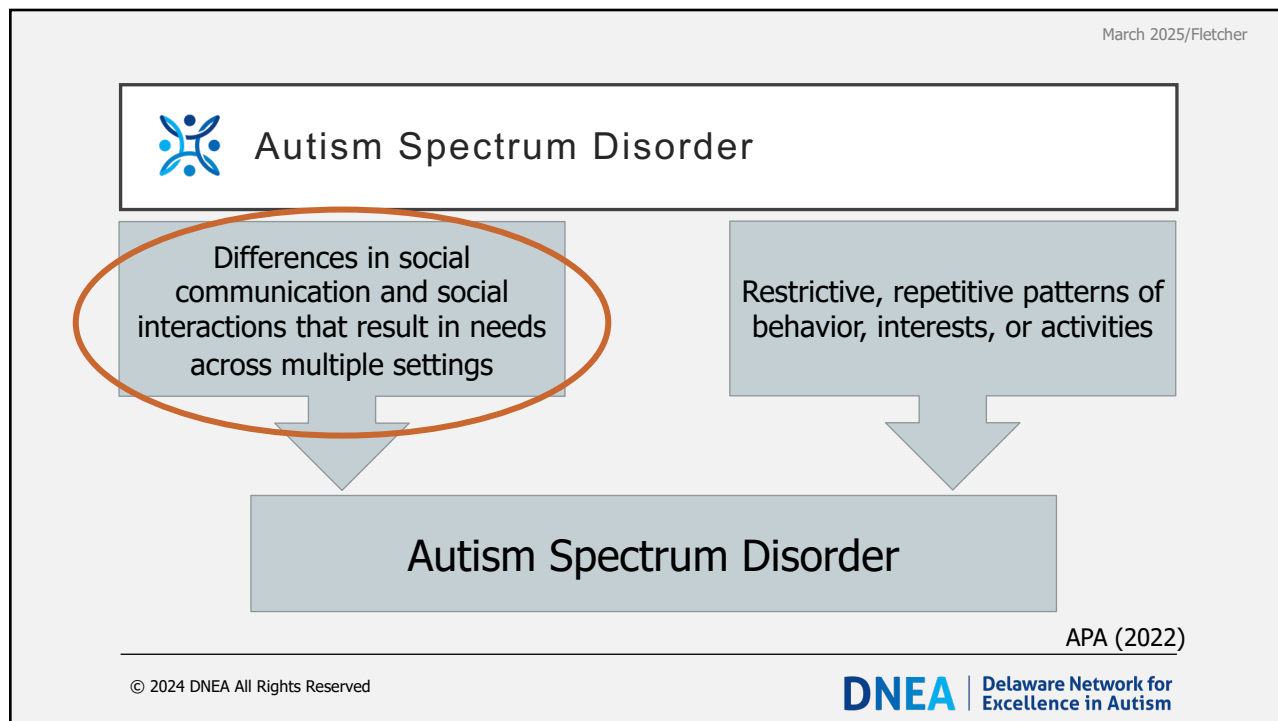
(Maenner, et al. (2023))

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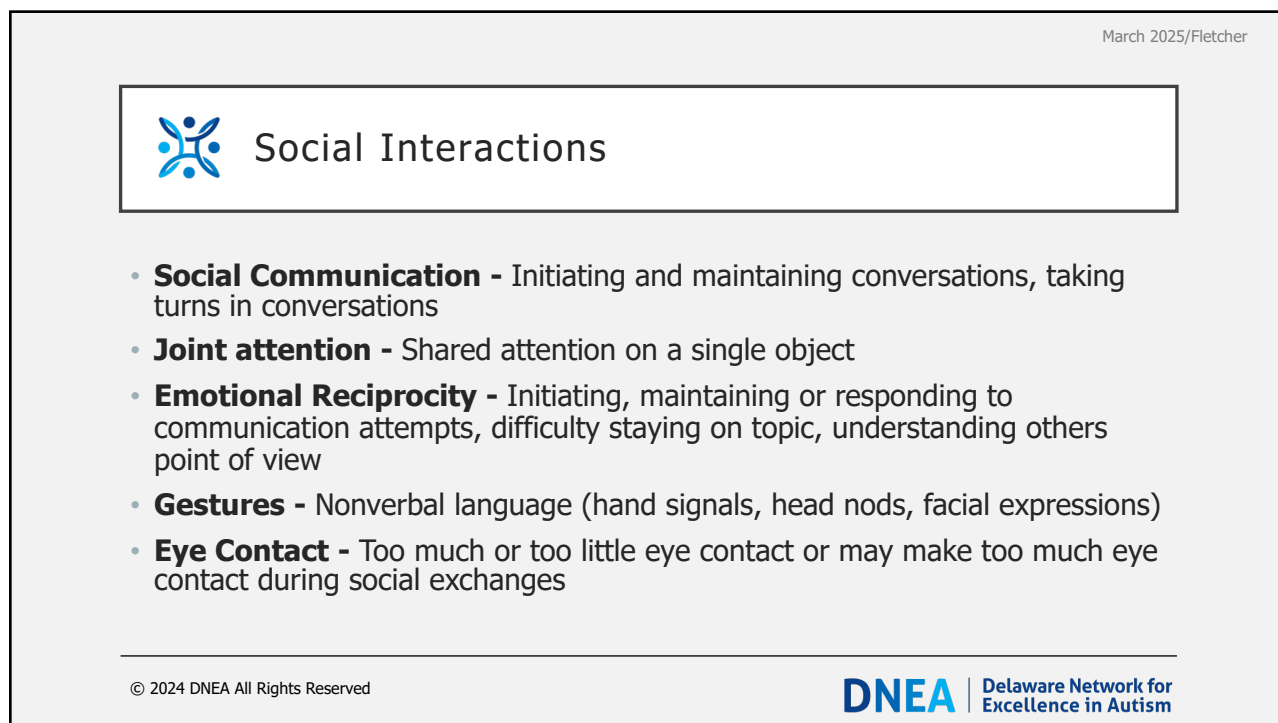
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 Communication Skills

- **Delayed language** - May not hit developmental milestones
- **Echolalia and Scripting** - Repeating words and/or phrases
- **Receptive communication** - May process information that provides meaning at differing speeds
- **Expressive communication** - The speed in which it takes to move thoughts/ideas/questions into words may differ
- **Varied communication methods** - May communicate using AAC device, PECS, gestures, switch or other methods


Please take a seat.

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 Autism Spectrum Disorder

Social communication and social interaction across multiple contexts

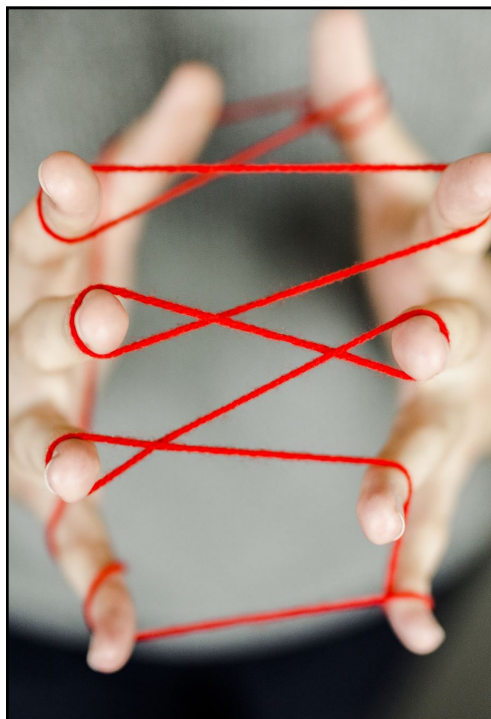
Restrictive, repetitive patterns of behavior, interests, or activities

Autism Spectrum Disorder

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### Restrictive, Repetitive Patterns of Behavior, Interests, or Activities

**Potential areas of need:**

- **Repetitive movements & self-stimulation-** May engage in activities that sooth or stimulate (e.g. rocking, twirling, hand flapping)
- **Resistance to change-** May have difficulty moving from one activity to another, especially if it is unexpected
- **Unique interests-** May have intense or restrictive interests (e.g. bands, dates, toys, TV shows, activities)
- **Generalization-** May have difficulty at times using skills learned across different people and locations
- **Sensory-** May be over or under sensitive to different sensory input

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### Sensory Differences

- Individuals with autism may have sensory differences
- Sensitivity to smell, sound, sight, touch, taste,
- Pain and temperature
- Seeking and avoiding behaviors

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Autism & Mental Health

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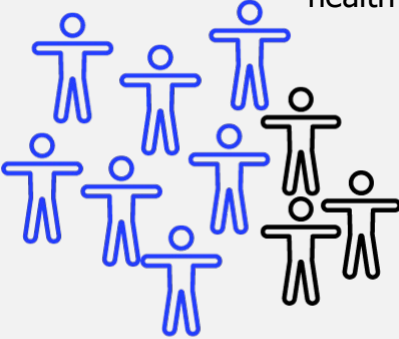
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 Prevalence of Mental Health Diagnoses

Individuals with autism experience high rates of co-occurring mental health conditions



Approximately 70% of children with autism have at least one mental health diagnosis


Eaves & Ho (2008); Leyfer, et al. (2006); Simonoff et al. (2008)

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Prevalence of Mental Health Diagnoses



Individuals with autism are approximately four times more likely to experience depression compared to the general population

Hudson, et al (2018)


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Prevalence of Mental Health Diagnoses



Around 50% of autistic adults and children are at increased risk of anxiety

Rogers & Ofield (2018)

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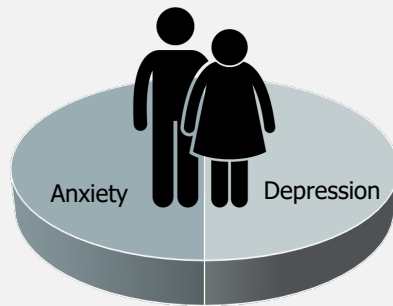
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## Prevalence of Mental Health Diagnoses



Approximately 25% of adults with autism exhibit BOTH anxiety and depression

Uljarevic et al. (2020)

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## Prevalence of Mental Health Diagnoses

Research shows that individuals with autism think about death or ending their lives between 3-9 times more than typically-developing peers

Risk Factors include:

- Lack of coping strategies
- Less social support
- Victimization



Cassidy et al. (2020)

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## Prevalence of Mental Health Diagnoses



Autistic adults and parents of children with autism report dissatisfaction and difficulty accessing community mental health services

Camm-Crosbie et al. (2019); Brookman-Frazee, (2012)

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## Prevalence of Mental Health Diagnoses



Mental health professionals express difficulty identifying and using evidence-based practices (EBP) due to limited professional training

Brookman-Frazee et al. (2012)

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Mental health conditions are common in autistic people; however, they are often not appropriately identified.

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## Challenges with Identifying Mental Health Concerns

- Individuals with autism experiencing mental health challenges may present differently than peers without autism
- Mental health conditions may be misdiagnosed
- Mental health conditions may go undiagnosed
- May lead to the individual not receiving appropriate treatment



Kerns et al. (2015)

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## Masking/Camouflaging

### ***Pretending to be someone you are not***

- Camouflaging autistic traits is associated with:
    - Stress and anxiety
    - Depression
    - Exhaustion
    - Delayed identification of autism
    - Loss of identity
    - Increased risk of suicidal thoughts
- (Cassidy et al., 2019)

"Sometimes, when I have had to do a lot of camouflaging in a high stress environment, I feel as though I've lost track of who I really am, and that my actual self is floating somewhere above me like a balloon."

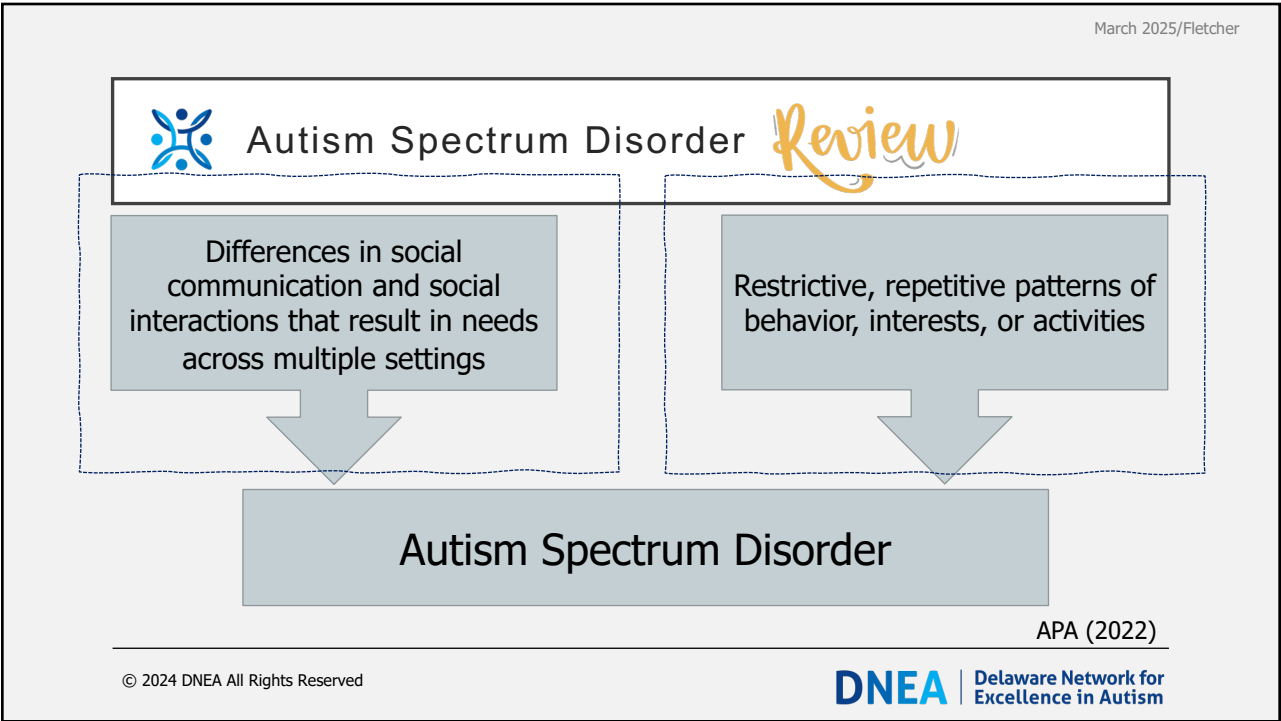
Hull et al. (2017)



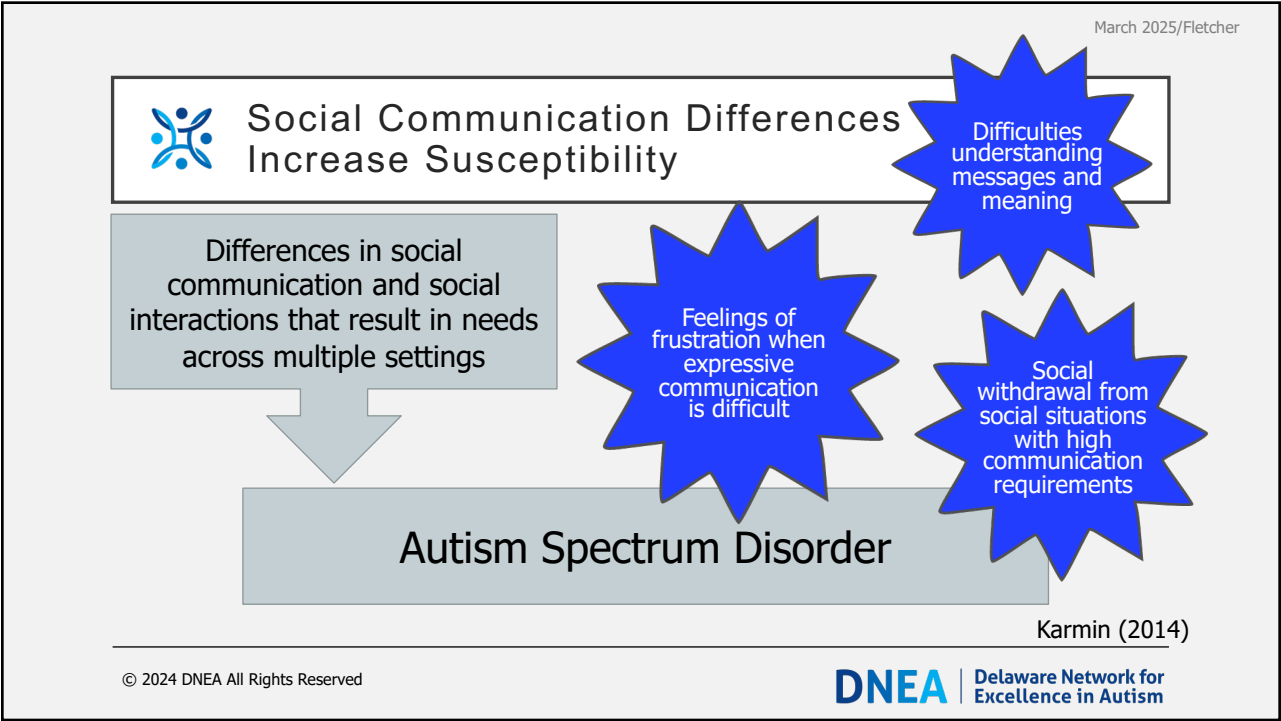
## Common Co-occurring Mental Health Diagnoses

- Anxiety
  - generalized anxiety, social anxiety, selective mutism, specific phobias
- Attention-Deficit/Hyperactivity Disorder (ADHD)
- Depression
- Post-Traumatic Stress Disorder (PTSD)

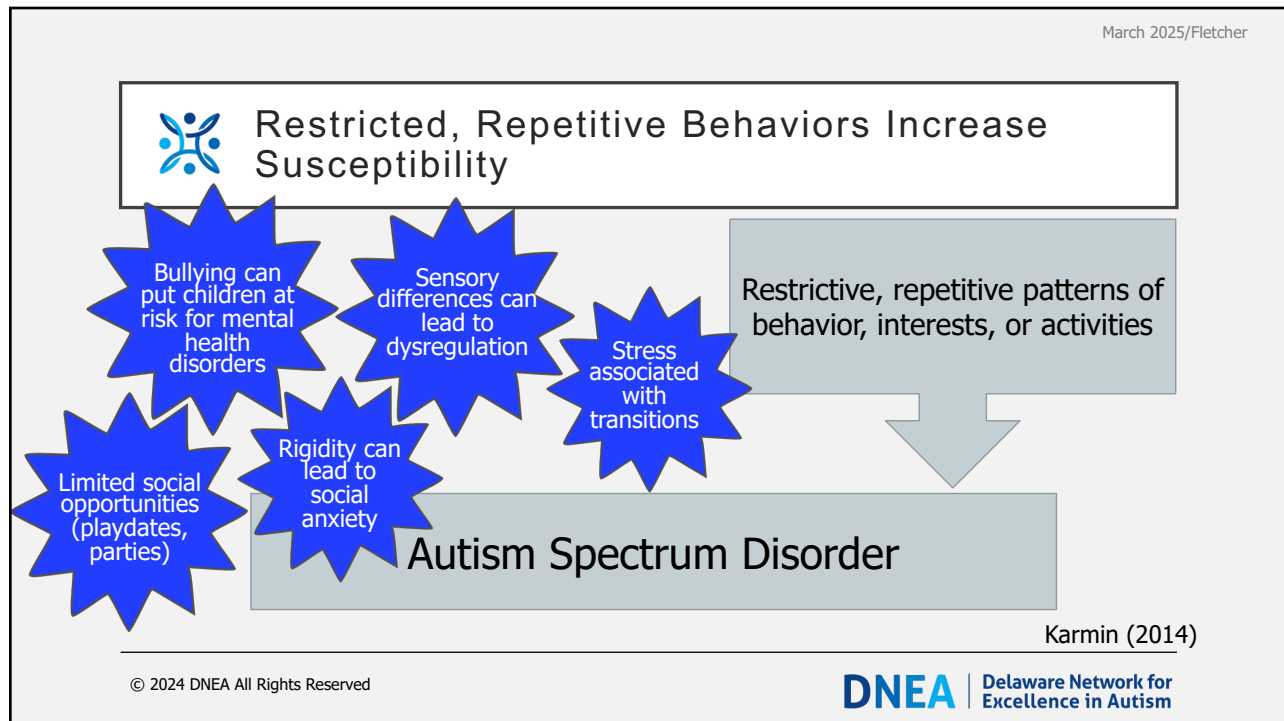




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**Awareness is the First Step!**

- Identifying **signs** of mental health challenges is the first step
- Mental health conditions may present or look different in autistic individuals
- Notice changes in behavior
- Be careful not to attribute what you're seeing to solely being a characteristic of autism

Consider what you're seeing through a different lens

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## What Mental Health Concerns May Look Like

- Feeling different than their peers
- Low mood
- Feeling like they don't fit
- Negative self-perceptions or talk
- Difficulty forming relationships
- Feeling lonely or isolated
- Disruptive or aggressive behavior
- Difficulties regulating emotions and calming down
- Shutting down
- Changes in eating, sleeping, activity levels and habits
- Increase in repetitive behaviors
- Increase in fears or behaviors to alleviate the stress of fears
- Intense distress with changes in routine, environment, people, etc.

(Lorenz, B., 2021)

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## The Suicide and Crisis Lifeline



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# The Impact of Trauma

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## IDD and Trauma

- People with IDD are more likely to:
  - Experience negative events, which increases their risk of stress disorders (Cree et al., 2020)
  - Develop PTSD (Keesler, 2020)
  - Be exposed to situations known to contribute to the development of PTSD (i.e., interpersonal abuse and violence) (McCarthy et al., 2018)
  - Increased susceptibility of experiencing trauma and adverse childhood experiences (ACEs), including ongoing neglect, sexual abuse, and physical abuse (Keesler, 2020)



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## Delaware as a Trauma-Informed State

- In February 2017, Governor Carney on Wednesday signed Executive Order #24 making Delaware a trauma-informed state.
- This Order provides direction for the Family Services Cabinet Council to help mitigate the impact of adverse childhood experiences (ACEs) and build resilience in children, adults and communities.



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# Supporting Autistic Mental Health

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## Overview



### Overview

#### Supporting Autistic Mental Health

- **Neurodiversity-Affirming Care**
- Trauma-Informed Care
- Importance of Self-Determination
- General Therapy Strategies

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## What Does it Mean to be Neuro-Affirming?

- Involves a holistic and inclusive approach that values the diversity of mental health experiences
- Strives to create environments where individuals feel supported, understood, and empowered in their journey toward well-being



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## Tips for Neurodiversity-Affirming Care

- **Learn more about autistic culture!**

Read articles, books, or personal stories written by autistic people. Engage with autistic communities through online forums and social media. Attend workshops and training that feature autistic speakers

- **Partner with autistic people!**

When working on a project that involves autism, get input from autistic people – ask them what they think about your ideas



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## Tips for Neurodiversity-Affirming Care

- **Respect language differences!**

Ask someone if they prefer person or identity-first language and do your best and use their preference of *someone with autism* and/or *an autistic person*

- **Use a person-centered approach!**

Focus on improving quality of life rather than trying to make a person look "less autistic" or forcing them to behave in a standard or typical way



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## Recommended Books

- *I Will Die on This Hill* by Meghan Ashburn and Jules Edwards
- *Loud Hands: Autistic People, Speaking* by Julia Bascom
- *Sincerely, Your Autistic Child: What People on the Autism Spectrum Wish Their Parents Knew About Growing Up, Acceptance, and Identity* by Autistic Women and Nonbinary Network
- *Uniquely Human: Updated and Expanded: A Different Way of Seeing Autism* by Barry Prizant
- *We're Not Broken: Changing the Autism Conversation* by Eric Garcia
- *What I Mean When I Say I'm Autistic: Unpuzzling a Life on the Autism Spectrum* by Annie Kotowicz




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## The 4R's of Trauma-Informed Approaches

- **Realize** the widespread impact of trauma and understand potential paths for recovery
- **Recognize** the signs and symptoms of trauma in people receiving services, families, staff, and others involved with systems
- **Respond** by fully integrating knowledge about trauma into policies, procedures, and practices
- Seeks to **resist** re-traumatization actively



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## Being Trauma-Informed

- Instead of “Why are you \_\_\_\_\_ (struggling, acting this way, etc.),” ask “What happened to you?”
- Be disability-informed and anti-ableist
- Create spaces that are accessible and inclusive for everyone

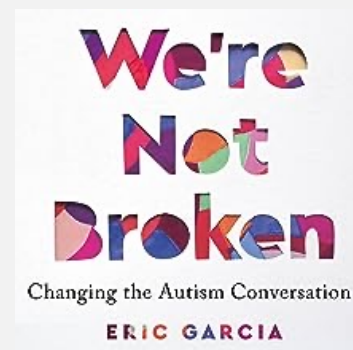
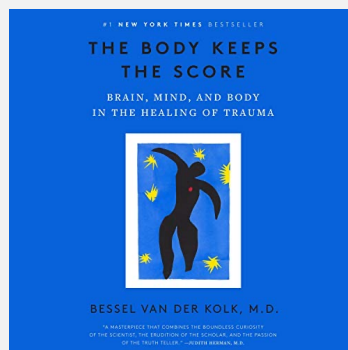
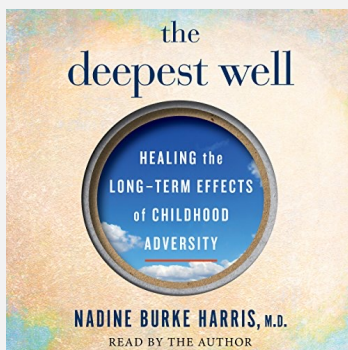


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## Recommended Books


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 Trauma Matters Delaware



- Trauma Matters Delaware is a hub for advancing the collective effort to prevent and heal trauma.
- TMD’s vision is that everyone in Delaware can feel safe, grow beyond adversity, and thrive.
- Example of a past trauma-related training 





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# What does it mean to be self-determined?

**Leading your own life means you are self-determined!**

**Self-determination** means a person makes decisions about their life and takes control of things that affect them.

(Ward, 1996)

*Slide adopted from: Steinbrecher et al., 2025*

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## Why Is Self-Determination Important?

- When people make their own choices, they are more likely to live happier, fuller, and more independent lives
- Allows individuals to make choices, set goals, and advocate for their needs and desires.
- Plays a vital role in fostering independence and resilience, enabling individuals to navigate challenges



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## Supported Decision-Making

**Supported Decision-Making** is a way that you can get help making decisions about your personal life, health, and/or money.

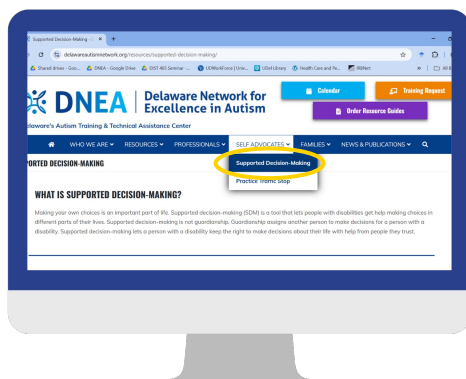
- You choose one or more people who you trust to be your “supporter.”
- A supporter’s job is to make sure you have all the tools and information you need to make your own decisions.
- Making your own decisions is an important part of living a self-determined life!
- A supported decision-making agreement can look different for everyone.

*Slide adopted from: Steinbrecher et al., 2025*



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## Visit our webpage to learn more!



Check out the DNEA’s Supported Decision-Making webpage to access:

- Training Videos
- Event recordings
- Resource guides
- ...and more!




Visit  
<https://www.delawareautismnetwork.org/resources/supported-decision-making/>




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## Considering the Whole Person: A Biopsychosocial Approach to Understanding Mental Health and IDD

- Whole person approach to considering treatment and impact of a mental health condition:
  - Bio – Biological considerations
  - Psycho – Psychological and psychiatric needs
  - Social – Social determinants of health
- These factors may be different for a person with IDD

(NADD, n.d.)

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## Ensure Access to Language

- Communication is a human right!
  - Empower with language to discuss mental health
- Add relevant words/images to AAC devices
- Discuss mental health language and coping strategies with a person



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## Plain Language

**Access is a Civil Right:** Writing and speaking in plain language helps to make sure information is accessible to all people

- Plain language is a style of writing or speaking that is easily understandable by anybody
- With plain language, people can understand information the first time they read or hear it
- Complex ideas are broken down into short sentences and commonly used words



(ASAN, 2021; PLAIN, 2011; Public Law 111-274)

*Slide adopted from: Steinbrecher et al., 2024*

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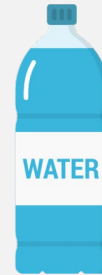


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## Building Rapport & Relationships

- It takes time!
- It is ongoing!
- Focus on the person!
- Ask questions!



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## Assessing to Understand Strengths & Needs

- Assessment measures should include the individual and their family
  - Parents may have a log of questions and concerns
- Consider how the team is interpreting and using the assessment measures
  - Many evaluation tools may not work as well with the autistic population
  - Focus on using the tools to help determine strengths, needs, goals, and treatment



Williams et al. (2021)

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## Working Collaboratively with Families

- Parents/caregivers should be a part of the treatment process (assessment and intervention)
- Ask parents/family members what works for the person (visual supports, etc.), what they're interested in, and their strengths
  - *The DNEA offers additional training for providers who want to learn more about evidence-based practices and treatments for working with autistic individuals!*



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## Communication Considerations

- Keep communication positive and open
- Ask clear, direct questions and be straight to the point
- Allow extra time for processing thoughts and responding
- Avoid using metaphors, slang, social nuances, or sarcasm
- Speak using logical words, not emotional words



(Morgan, L., 2018)

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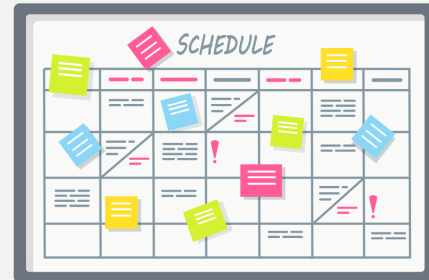
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## General Therapy Tips

- Schedule appointments at the same time every week
- Make a predictable appointment routine
- Use evidence-based practices like visual supports, reinforcement, and prompting\*
- Practice what is learned in sessions at home and other places



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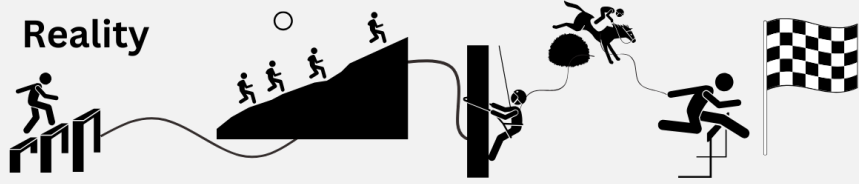


## The Road to Success

### Your Plan



### Reality



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Jessica's Story


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 Jessica's Story

MHDD

MENTAL HEALTH AND  
DEVELOPMENTAL DISABILITIES  
NATIONAL TRAINING CENTER

at the intersection of mental health and developmental disabilities

This story is about Jessica, a 27-year-old autistic woman in Annandale, Virginia.

Jessica was diagnosed with autism in her senior year of high school. In her interview, she talks about dealing with anxiety and depression, therapy, and reading about Asperger's Syndrome for the first time.

MHDD Digital Storytelling Series: Jessica from An...

Watch later Share

MORE VIDEOS

0:00 / 10:46

CC Settings Full Screen

MHDD (2020)

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Jessica's Story



MHDD (2020)

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SUICIDE & CRISIS  
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## Upcoming Trainings

- **UNDERSTANDING MENTAL HEALTH CHALLENGES AMONG PEOPLE WITH IDD**
  - April 9<sup>th</sup> 11-1:00
  - 2 hours NASW-DE credits
- **NEURODIVERSITY-AFFIRMING PRACTICES AND SUPPORT FOR MENTAL HEALTH PROFESSIONALS**
  - April 16<sup>th</sup>, 12-1:00 pm
- **THE POWER OF PLAIN LANGUAGE**
  - April 22<sup>nd</sup>, 12-1:00 pm
- **CRISIS INTERVENTION - SUPPORTING A PERSON WITH IDD IN CRISIS**
  - April 29<sup>th</sup>, 11-1:00 pm
  - 2 hours NASW-DE credits



<https://tinyurl.com/226jhtt7>

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## Local Resources

- [Sean's House](#) - 136 W. Main St., Newark or call 302-294-6134
  - Provides free, 24/7 peer support to young adults ages 14-24, as well as food, events, mental health support groups, and a resource library
- [NAMI Delaware](#) – 302-427-0787
  - Provides classes, support groups, and a Delaware Helpline for mental health resources and referrals: 888-427-2643, option 1
- [MHA Delaware](#) – 302-654-6833
  - Provides peer support services, virtual and in-person groups, and education

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## Related DNEA Resources

- **Visual Supports** training and resource guides
- **Evidence-based Practices** training and resource guides
- **Mental Health Professionals Working with Autistic Individuals** training (advanced)

**Visual Supports: Creating Visual Schedules** DNEA Resource Guide for Professionals

**What are visual schedules?**  
Visual schedules represent upcoming activities through the use of sequenced objects, photos, pictures, and/or text. They are a visual support that create structure and establish expectations.

**How do I make a visual schedule?**

1. Select the visual format that best matches the way the individual understands information:
  - a. Objects - actual objects or object representations
  - b. Photo - photos of real objects or activities
  - c. Picture symbolic - colored drawings
  - d. Line drawing - black-and-white line drawings
  - e. Text - written words and numbers
2. Consistently present the schedule in a format that best meets the individual's needs.
  - a. Layout: Arrange the schedule horizontally (left to right) or vertically (top to bottom).
  - b. Materials: Use schedule pieces and materials that the individual is able to easily grasp and move.
  - c. Length: Select a length that will be helpful for the individual.
    - Long schedules show multiple activities at a time and can help the individual plan and prepare.
    - Short schedules show a few activities at a time and can help the individual not feel overwhelmed or anxious.
3. Select materials to use based on the visual format identified above.
  - a. Visuals don't have to be pretty! They can be made from things around your house (e.g. magazines, cereal boxes, folders).

**Morning Schedule**

**Resources for Making Schedules**

- Boardmaker offers a free 30 day trial that include the use of schedule templates.
- Social Stories Creator & Library is a free app that allows you to create schedules.
- First Then app is a free app for creating First Then schedules.
- Autism Focused Intervention Resources & Modules (AFIRM) has schedule examples and blank schedule templates.
- PBS World offers a variety of schedule templates.

**Additional resource guides and a full list of references at <https://www.delawareautismnetwork.org/>.**  
Suggested citation: Copeland, K., Mahony, S., Curtis, E., & CDS DNEA Team. (2020). DNEA resource guide for professionals: Visual supports: Creating visual schedules. Delaware Network for Excellence in Autism.

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## Family and Caregiver Resources

### Autism Delaware

- Family navigation, training, information dissemination, and more!

### Swank Autism Center at Nemours Children's Health

- Provides diagnostic evaluations and an array of psychological and behavioral programs

**Family Support SERVICES**

Navigating the autism world can be complex and overwhelming. If you are a parent seeking answers or support...we can help.

Each child is different and each family is different. Autism Delaware's Family Support Services are individualized to best meet the family's needs. Our Family Support program provides families with comprehensive, accessible, family centered support. Our dedicated Family Navigators and Family Support Providers support families in assessing needs and developing next steps for individuals diagnosed with autism. Families will have opportunities to discuss how to put recommendations into action. The Autism Delaware staff will help set families up for success!

**Autism Care Team (ACT) Program:** Helping to replace the connection made between a new parent and one who has experience, resources and help to offer, and time to just listen and reassure. Our Family Support Provider (FSP) are parents of children with autism who work one-on-one with families on an ongoing basis to provide an array of services and supports. Together with families the FSP will:

- Meet regularly in person or through video chat
- Help develop a plan which includes needed services and supports, such as early intervention, therapies, specialty care, respite care, and others
- Help to make informed decisions about services
- Make connections to parent education programs
- Offer follow-up according to need
- Coordinate care among providers and agencies

**Family Navigation:** In addition to the ACT Program, Autism Delaware offers Family Navigation services to families who have a specific question or challenge navigating the system. Family Navigation will answer questions and provide information as needed.

☎ If you are interested in meeting Family Support Services, talk to your provider about a referral or contact:  
Autism Delaware's Intake Coordinator at 302-224-6020.

**Autism DELAWARE**  
Helping People and Families Affected by Autism  
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## Family and Caregivers Resources (continued)

### Parent Information Center (PIC) of Delaware: [picofdel.org](http://picofdel.org)

- Provides information, training, videos, technical assistance and support
- For parents of children with a disability from birth – 26 years of age
- Support in accessing appropriate education and related services
  - **Family SHADE (now part of PIC)**
    - Connects families of children with special healthcare needs and providers to information, resources and services; advocates for solutions to recognize gaps in services; and supports its member organizations
  - **Delaware Family Voices (now part of PIC)**
    - Led by parents of children and young adults with physical, developmental and mental health challenges
    - Provides support in navigating the healthcare systems and access to resources and services

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## Additional Resources

### Delaware Resources:

- DNEA: [www.Delawareautismnetwork.org](http://www.Delawareautismnetwork.org)
- Center for Disabilities Studies (CDS): [www.cds.udel.edu](http://www.cds.udel.edu)
- **Online Learning:**
  - AFIRM Modules: [afirm.fpg.unc.edu](http://afirm.fpg.unc.edu)
  - May Institute: [www.mayinstitute.org](http://www.mayinstitute.org)
  - OCALI: [www.ocali.org](http://www.ocali.org)


<https://www.cds.udel.edu/roadmap-to-services/>

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**The DNEA offers training and technical assistance that benefits individuals with autism, their families, and the professionals who serve them. Visit our website for additional resources.**

📍 Milford Wellness Village, 21 West Clarke Ave, Milford, DE 19963

🌐 <https://www.delawareautismnetwork.org>

✉️ [dnea-info@udel.edu](mailto:dnea-info@udel.edu)

☎️ 302-831-8903

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**Please complete our anonymous training evaluation survey!**

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