

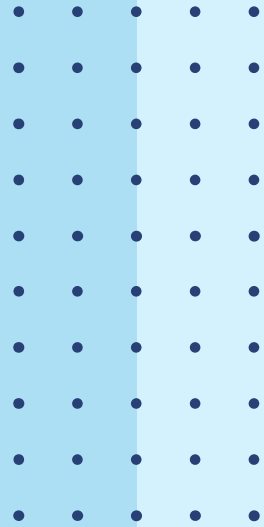


# Hope and Resilience: Building a Culture of Mental Wellness

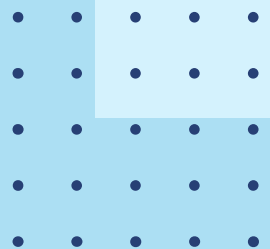
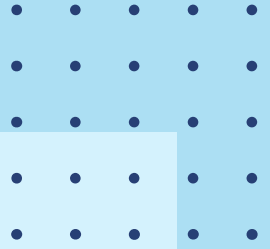
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# Setting the Stage for a Culture of Mental Wellness: *Levels of Prevention*

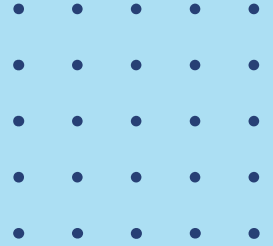
Carrie Rewakowski, PhD, NPP, PMHNP-BD, CNE  
Le Moyne College, Department of Nursing



# Hope & Resilience: Building a Culture of Mental Wellness



# Levels of Prevention



## Primary

Preventing disease  
from occurring



## Secondary

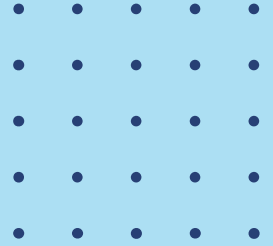
Early disease detection



## Tertiary

Reducing severity  
of disease

# Example: Primary Prevention



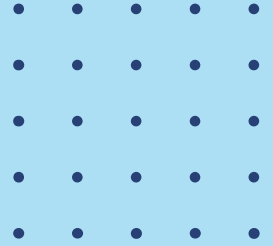
Workshops for Youth that Build Resilience



Preventing disease  
from occurring



# Example: Secondary Prevention



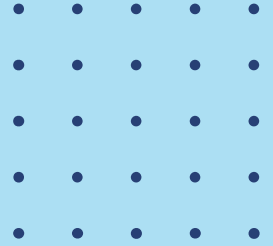
Screenings, like the PHQ-9 for depression or the GAD-7 for anxiety



Early disease  
detection



# Example: Tertiary Prevention



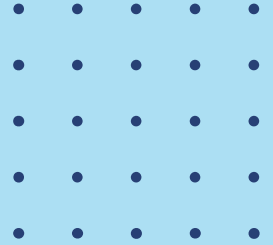
Peer Support and Recovery Groups



Reducing severity  
of disease



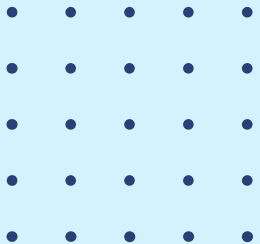
# Thank You!



Carrie Rewakowski,  
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*rewakoc@lemoyne.edu*

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# Hope and Resilience: Building a Culture of Mental Wellness

Co-sponsored by

# Welcome!

- Thank You
  - Attendees, Board, Volunteers
  - Conference Committee
  - Speakers
  - Tablers and Co-sponsors
- Sold Out
- Lunch
- Hopela Raffle
- Survey



# Mental Health by the Numbers\*

1 in 5 U.S. adults experience mental illness each year

1 in 20 U.S. adults experience serious mental illness each year

1 in 6 U.S. youth aged 6–17 experience a mental health disorder each year

50% of all lifetime mental illness begins by age 14, and 75% by age 24

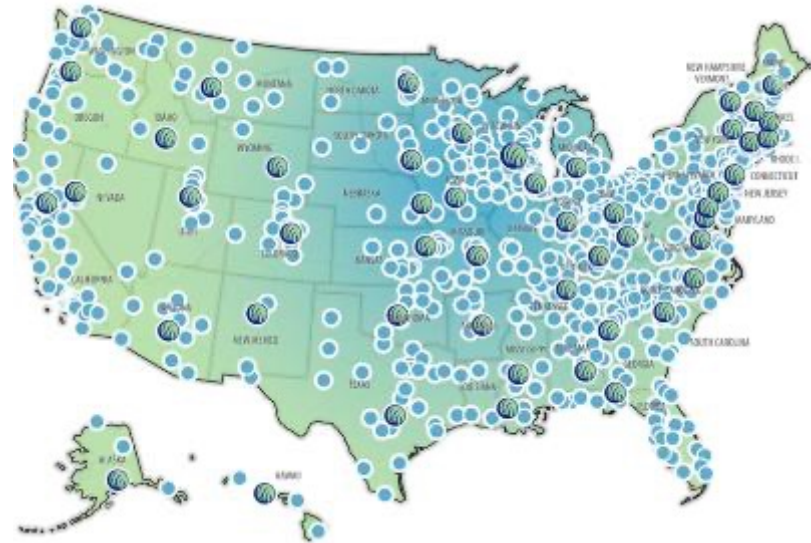
Suicide is the 2nd leading cause of death among people aged 10–34

\*[www.nami.org/mhstats](http://www.nami.org/mhstats)

# Who is NAMI?

The National Alliance on Mental Illness (NAMI) is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of people affected by mental illness.

- Started as two mothers gathered around a kitchen table in 1979
- **More than 600 local Affiliates**
- **49 State Organizations** – New York State
  - Training and technical assistance
  - Information and resources
  - Communications and public awareness
  - Facilitating state-level partnerships



# Who is NAMI Syracuse?

## **Our Mission:**

NAMI Syracuse strives to better the lives of individuals and families affected by mental illness through advocacy, support groups, public awareness, presentations and education.

## **Our History:**

- May 1981 – PROMISE “Parents and Relatives Of the Mentally Ill Supporting Each other.”
- 1984, PROMISE - Board of Directors with by-laws, incorporation as a non-profit.
- Member of NAMI-NYS and the national NAMI organization.
- Name was changed to NAMI-PROMISE and then to NAMI Syracuse.

## **NAMI Syracuse Today:**

Today, NAMI Syracuse is a vital and active 501c3 non-profit advocacy organization with a membership at times of over 500 families serving Onondaga and surrounding counties.

17 board members, several consultant, many volunteers helping us operate



# What does NAMI Syracuse provide?

- NAMI Signature Programs including:
  - Monthly Support Group Meetings
  - Family-to-Family, a free 8-week family support and education program
- Information and Resources through our NAMI Syracuse office
- Bimonthly NAMI Syracuse e-newsletter, and seasonal printed newsletter
- A free speakers bureau of family members, peers, and professionals who will do presentations about mental illness and the stigma associated with mental illness
- Events including educational conferences, speaking engagements at churches/schools/organizations, social engagements, and our main fundraising events, NAMIWalks and the Hopela Raffle



# NAMI Signature Programs



**NAMI Connection** is a peer-led support group for any adult who has experienced symptoms of a mental health condition.



**NAMI Family Support Group** is for family members, significant others and friends of people living with a mental illness. Support Groups are facilitated by family members of people with mental health conditions.



**NAMI Basics** is a program for parents, caregivers and other family who provide care for children and youth (ages 22 and younger) who are experiencing mental health symptoms.

# NAMI Signature Programs (Cont.)



**NAMI Family-to-Family** is an 8 week program for family, significant others and friends of people with mental health conditions. This course is designed to help participants gain a better understanding of mental health conditions, improve their coping skills and empower them to advocate for their loved one.



**NAMI Homefront** Based on the NAMI Family-to-Family program, NAMI Homefront is designed to address the unique needs of family, caregivers and friends of those who have served or are currently serving our country. The program is taught by trained family members of service members/veterans with mental health conditions.



**Sharing Hope** explores the journey of mental wellness in Black communities through dialogue, storytelling and a guided discussion on youth, community leaders, and Black families.

# The Future of NAMI Syracuse?

- HOPE and RESILIENCE:
  - Conference
    - Learn
    - Understand
    - Grow
  - Community
    - Resources
    - Partnerships
  - State, Nation and World
    - Vigilant
    - Advocate
  - YOU ARE NOT ALONE!



# Thank You



917 Avery Ave  
Syracuse NY 13204  
(315) 487-2085

[www.namisyracuse.org](http://www.namisyracuse.org)



# Hope and Resilience: Building a Culture of Mental Wellness

Co-sponsored by




# *Coming Back Home:*

Stories of Resistance, Eating Disorder  
Recovery, & Radical Self Return

**Presented by Tracy Dando & Lori Woodard**



*Here we go*



“You’re not a victim for sharing your story. You are a survivor setting the world on fire with your truth. And you never know who needs your light, your warmth and raging courage.”

-Alex Elle





# Why?

diets at early age

trauma (emotional, physical, sexual)

low self esteem

perfectionism

unable to express emotions

social media/trends

genetic component


poor body image

attachment wounds





# Eating Disorders

- **Anorexia Nervosa:** Characterized by extreme restriction of food intake and a fear of gaining weight.
  - **Bulimia Nervosa/Exercise Induced Bulimia:** Recurrent episodes of binge eating followed by behaviors to prevent weight gain (e.g., vomiting, excessive exercise).
  - **Binge Eating Disorder:** Periods of binge eating without purging behaviors, often leading to feelings of guilt or shame.
  - **Avoidant/Restrictive Food Intake Disorder (ARFID):** Extreme food restrictions not related to body image but often due to sensory issues or fear of food.
- 

# The Path Looks Different for Everyone

**Lori is the perfect example of how you can't tell someone walking down the street has bulimia. She doesn't look like she has any problem at all, and that is what most look like.**

QUOTEHD.COM

Laurel Guccione


- Weight/outward appearance rarely tells the story
- Eating disorders are not always visible
- Everyone's journey is unique
- Everyone's eating disorder behaviors look different (hand crafted to play a very specific role in their internal/external environments)



# Control & Safety



## Internal Control:

- Managing emotions: anxiety, shame, fear
  - Coping with trauma or stress
  - Regulating self-esteem and identity
- 

## External Control:

- Responding to pressures from family, school, or society
- Feeling "in control" when the world feels unpredictable
- Navigating expectations about appearance, success, or behavior

## Impact on Safety:

- Provides a sense of predictability and personal regulation
  - Can give the illusion of mastery in chaotic environments
  - Ultimately, this coping strategy can become harmful and isolating
- 

# Role of Medical Professionals & Weight Focus

- Weight-centered care ignores the root cause and can add fire to the eating disorder voice
- Very black and white and eating disorders are every shade of grey
- BMI is not the whole story: limitations in assessment



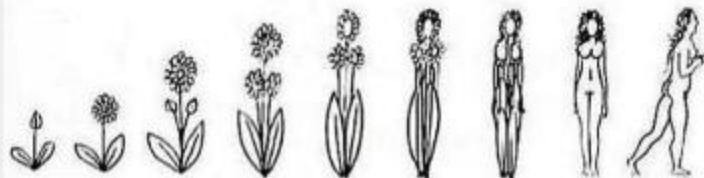
# Resistance:

*not wanting to let go*

- Safety blanket/best friend/only thing I could rely on
- Emotional complexity: grief for the disorder, fear of change, comfort in the familiar (chaos)
- Loss of an identity
- Loss of community, friendships, relationships



# Body Image & Body Dysmorphia





“and i said to my body. softly. ‘i want to be your friend.’ it took a long breath. and replied, ‘i have been waiting my whole life for this.’”

- Body perception vs. reality: distorted self-image
- Social & media pressures compound dysmorphia
- Recovery involves relearning to see and tolerate sitting in the discomfort of the body
- Calling out ‘body love’





# Imperfect Recovery

- Recovery is not linear
  - Growth happens in small wins, setbacks, and repeated effort
  - Recovery community & peer support are critical
  - Reality: Lack of services, lack of step down programs, lack of trained therapist, lack of family support
  - Toolbox
- 
- 



# Strength & Resilience

- Courage to face fear, change behaviors, return to self
- Recovery = reclaiming joy, identity, and power
- Sharing your story so others do not feel so alone
- Coming back from setbacks



# *What can we do to help reduce eating disorders*



- Stop diet talk
  - Stop commenting on others appearance
  - Keep sharing our stories
  - Body acceptance
  - Education at an early age
- 
- 



# Question & Answers



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&

Lori Woodard  
[lwoodard1267@gmail.com](mailto:lwoodard1267@gmail.com)





# Hope and Resilience: Building a Culture of Mental Wellness

Co-sponsored by

State University of New York  
**Upstate Medical University**

UPDATE:  
RESPONDING TO THE CHILDREN'S  
MENTAL HEALTH **CRISIS**

Mantosh Dewan, MD

President, Upstate Medical University

# CONTINUUM OF CARE

---

Emergency Room/CPEP

Intensive Care (ICU)

Inpatient

Intensive Outpatient

**Urgent care**

Outpatient

**School-based, comprehensive**

**Specialty**

- New, more psych beds
- 8 beds in University Hospital
- 18 beds in '24 Children's Pavilion
- Dr Rebecca Shields
- \*  
• 26,000+ visits
- \*\*
- \*\*\*

# URGENT CARE

---



- After hours and weekends at Nappi Wellness Institute
- **Clinical Services**
  - Diagnostic evaluations
  - Telephone triage
  - short term treatment
- **Educational Programs**
  - Training site for increasing child psychiatrists, child psychologists, social workers, NPs

# COMPREHENSIVE SCHOOL-BASED

New this Fall!



- Upstate Psychiatry Clinics in 9 SCSD Schools
- Starting with 2 schools  
(Grant Middle & Beard at McCarthy)
- Next: King Elementary + 6 others
- **Comprehensive:** Full-time child psychiatrist, psychologists, social workers (all experienced, excellent)



# SPECIALTY: AUTISM

## Early Diagnosis

No

World's 1<sup>st</sup> saliva /  
biological test; FDA  
Breakthrough  
Designation

## Early Treatment

No

## School-Based

New:  
McCarthy

## Outpatient

Yes

## Inpatient

New



## Upstate Golisano Children's Pavilion

- Only unit in NY State
- Less than 10 in the entire country
- Opened November 2024
- Future: Playground summer 2026 (\$500,000+)
- Planned 11 beds; open 4 → **HELP!**

Thank you!



# Hope and Resilience: Building a Culture of Mental Wellness

Co-sponsored by

*Psychiatry  
High Risk  
Program*



Rebecca Shields DO, Co-Director  
Assistant Professor

# Adolescent Mental Health Crisis

## CDC Youth Risk Behavior Survey (YRBS) 2023:

- **40%** of teens experienced persistent feelings of sadness or hopelessness
- **20%** seriously considered attempting suicide
- **9%** attempted suicide



*Saving and transforming lives...*

## Psychiatry High Risk Program



### Innovative Outpatient program

- Self-supporting from billings, not University Hospital
- Help from Upstate Foundation
- Weekly treatment for up to 12 months, using **Dynamic Deconstructive Psychotherapy (DDP)**
  - Family therapy offered and recommended for the adolescents

Recovery focus: transformative healing, resilience, breaking the cycle of chronicity, instead of symptom management

# Eligibility

1. Ages 14 through 40 years
2. Struggling with thoughts of suicide
3. Willing and able to engage in weekly psychotherapy

Common diagnoses: MDD, BPD, GAD, PTSD, SUD, Bipolar, OCD, Bulimia/Anorexia, Schizoaffective



## Cause of Suicide

*(theories of Emile Durkheim and Interpersonal Model)*

*Stuck alone with overwhelming pain*

## *Dynamic Deconstructive Psychotherapy*

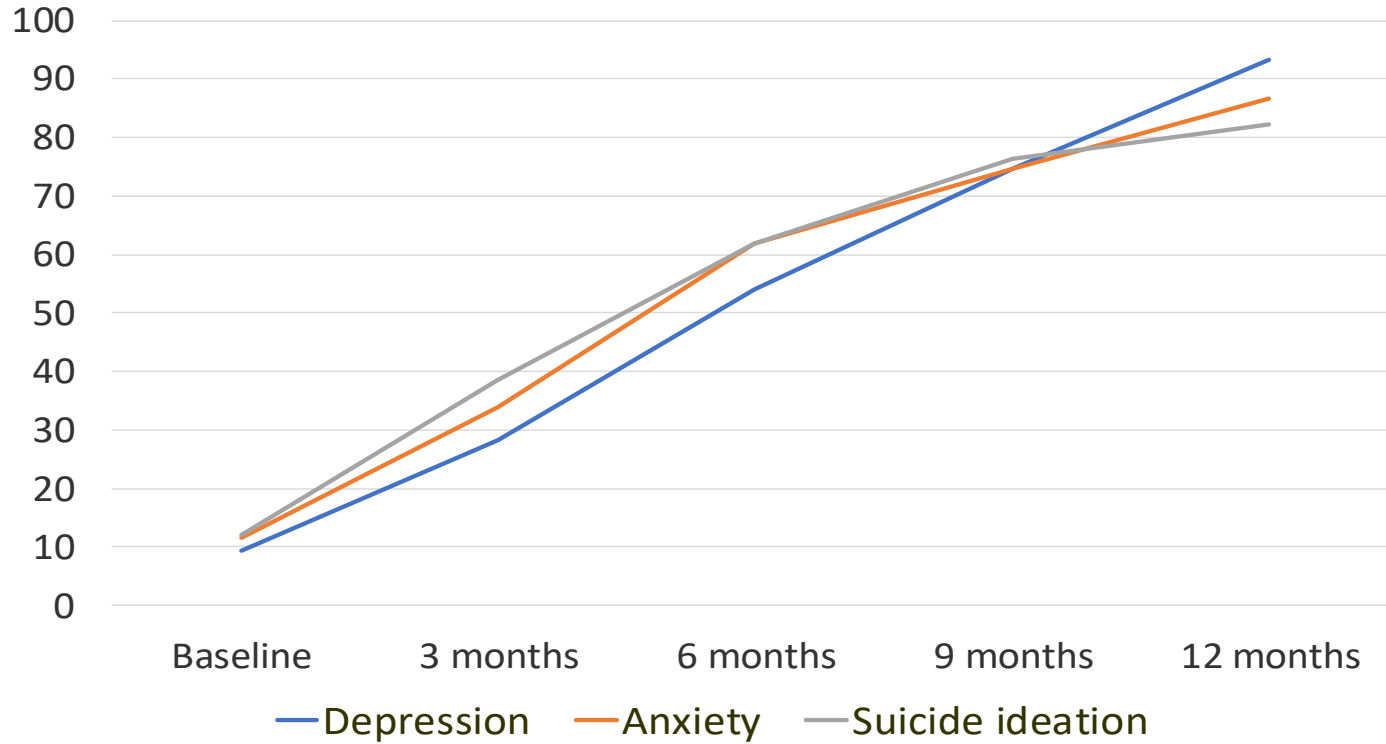
### **Stuck alone...*build connection***

- Inject hope
- Develop capacity for authentic relationships

### **Overwhelming pain...*build resilience***

- Strengthen ability to adaptively process emotional experiences
- Reconcile to sources of pain

## % Achieving Remission



Achieved remission during course of treatment: PHQ-9 < 10

item 9 = 0

GAD-7 < 10

## 6-month Adolescent Outcomes

65 consecutive suicidal  
adolescents at the PHRP

- Ages 13-17 years old

Primary outcome:

- C-SSRS Suicide ideation

Characteristics:

- 98%  $\geq$  2 years psychopathology
- 78% self-harming w/n past 30 days
- median 7 lifetime suicide attempts

# 6-Month Adolescent Outcomes

*N=65 intent-to-treat sample (Shields et al., IJERPH, 2024)*

Measure	Baseline Mean (SD)	3 Months Mean (SD)	6 Months Mean (SD)	<i>d</i>	<i>p</i>
<b>Suicide Ideation</b>	3.26 (1.06)	2.25 (1.41)	1.74 (1.62)	<b>1.19</b>	<b>&lt;.001</b>
<b>PHQ-9 Depression</b>	19.9 (4.84)	17.0 (5.17)	14.1 (6.39)	<b>1.16</b>	<b>&lt;.001</b>
<b>Self-Compassion</b>	2.07 (0.54)	2.40 (0.65)	2.68 (0.65)	<b>1.18</b>	<b>&lt;.001</b>
<b>Self-Harm</b>	5.51 (7.40)	1.52 (2.12)	0.86 (1.89)	<b>.82</b>	<b>&lt;.001</b>
<b>Disability</b>	6.97 (1.77)	6.63 (1.84)	5.37 (2.72)	<b>.82</b>	<b>&lt;.001</b>
<b>GAD-7 Anxiety</b>	15.7 (4.61)	14.0 (4.56)	11.8 (5.24)	<b>.93</b>	<b>&lt;.001</b>
<b>Suicide Attempts</b>	1.38 (2.34)	0.46 (1.04)	0.26 (0.91)	<b>.53</b>	<b>&lt;.001</b>



How well is  
it working?

## Psychiatry High Risk Program

- Over 1000 patients treated, 1 death
- Patients have come from as far away as Georgia, Texas, California, and Chicago
- Designated by the federal agency SPRC as a *Best Practice in Suicide Prevention*
- American Psychiatric Association's 2023 *Silver Award for Psychiatric Services*
- Sustainable, scalable, and potentially replicable

## Psychiatry High Risk Program

4.9 ★★★★★ 62 Google reviews

Mental health clinic in Syracuse, New York

- *This program saved my life. I've tried church, religions, other therapists, DBT, and this is the only thing that has helped me*
- *I was in therapy for 10 years prior to this and I didn't get any better, even got worse, and what you've been able to do with me in one year, I couldn't imagine. I was going to kill myself before 30 years old, and now I see a future with hope.*
- *I honestly never thought I would live to see 2020; I was sure I would have been dead by now from suicide. Today, I am so thankful that I am alive and will see the new year. For the first time in my life, I am looking forward to being alive.*
- *This program has been extremely life-changing for me. I didn't think I was going to make it to 19. I tried different therapies and medications, but nothing worked. I just didn't think it was possible to get better. I'm not depressed anymore and feel like life's worth living.*

# Resources and Referrals

- **Psychiatry High Risk Program.** [www.upstate.edu/phrp](http://www.upstate.edu/phrp)
- **Dynamic Deconstructive Psychotherapy**
  - [www.ddptraining.org](http://www.ddptraining.org) for free treatment manual and web-based training modules
  - Individual or group weekly case consultations/trainings
- **Upcoming book:** *Resolving therapeutic dilemmas with suicidal clients: a clinical handbook*
- **How to refer:** Call Nichole Galla at **315-464-3117**

# Thank You!

## Questions?

Rebecca Shields, DO

315-464-1892

[shieldsr@upstate.edu](mailto:shieldsr@upstate.edu)



# Hope and Resilience: Building a Culture of Mental Wellness

Co-sponsored by



# Onondaga County: Department of Children and Family Services

Building Mental Wellness in Our County

September 2025

# The Challenges and Opportunities

- Growing mental health and substance use needs across ages
- Adults often cycling between ER, hospitals, and justice system
- Youth and families struggling with fragmented care and long waits

Impact: Too many crises, not enough prevention or coordination

- Opportunities for **prevention and early intervention** to change the trajectory

# Our Approach: System of Care

A coordinated network that ensures no wrong door and that supports meet the needs of the person.

- Family-Driven & Person-Centered
- Community-Based
- Culturally & Linguistically Responsive
- Cross-System Collaboration
- Strengths-Based

# Primary Prevention in Action

- School-Based MH Expansion: 121 schools with embedded supports
  - Student Engagement Specialists
  - School Based early intervention “No wrong Door”
  - School Based Mental Health Supports
  - Social Emotional Learning
- Zero Suicide Implementation: countywide commitment to increased screening + intervention

# Secondary & Tertiary in Action

- Crisis Diversion System: 911 + 988 + Mobile Crisis coordination, new outreach teams, fewer police interactions with persons in crisis
- Mobile Crisis: home-based services crisis intervention, follow-up to prevent readmission
- Adult and Children Systems of Care Efforts: cross-agency planning, coordination for individuals with highest needs
- Expansion of outpatient MH/SUD services

# Lessons Learned

- Leadership matters → bringing law enforcement, hospitals, schools, providers, families together
- Data drives change → Results-Based Accountability (“who is better off”)
- Workforce is the backbone → crisis staff, clinicians, and peers need support to stay
- Prevention + Crisis = Balance → services must be there both before and during a crisis

# Preparing for the Future of Mental Wellness

- Adapting to Federal Changes
- Expanding Crisis Diversion
- Integrating Mental Health and Developmental Supports

Our Commitment: Keep evolving the system of care to ensure every resident has access to timely, coordinated, and compassionate support



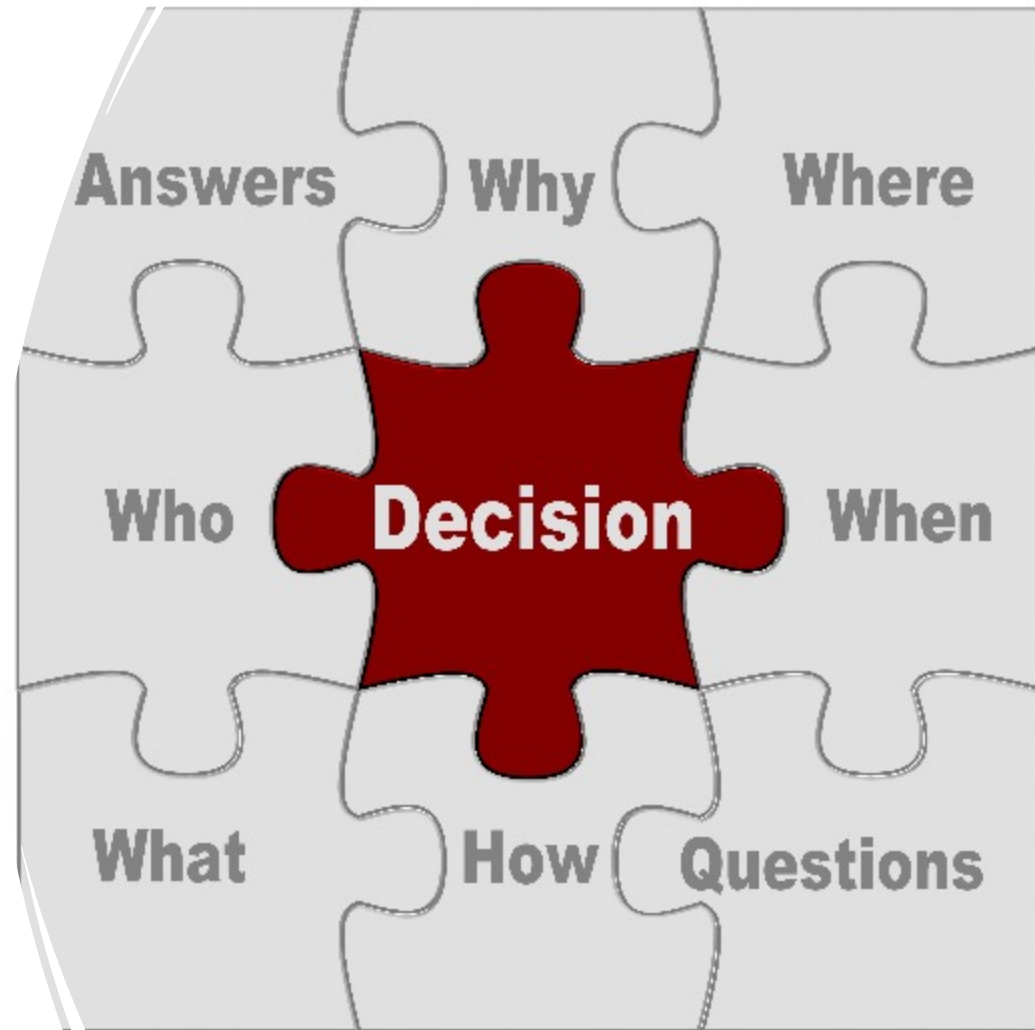
# Hope and Resilience: Building a Culture of Mental Wellness

Co-sponsored by

AUTISM:  
DIAGNOSIS AND TREATMENT

SUSAN SCHAROUN, PH.D.  
DEPT. OF PSYCHOLOGY  
LE MOYNE COLLEGE AND

---



# INSIDE THE AUTISTIC MIND

## MIND THE GAP

Things go wrong with the way brain cells 'talk' to each other across tiny gaps called synapse



## AUTISM ANOMALY

Found in frontal lobe (planning), amygdala (emotion) and hippocampus (learning)



## NOT IN SYNC

When the brain processes information, some signals are just noise. An autistic brain finds it difficult to distinguish vital signals from noise.




## FRAGILE GENES

Genetic mutation in X chromosome, a common cause. Explains why autism tends to run in families.



Autism is a **complex neurodevelopmental disorder**, multidimensional biological based condition, often referred to as Autism Spectrum Disorder or Pervasive Developmental Disorder.



The term “spectrum” exemplifies the wide variance in type and intensity of autism symptoms and behaviors .

What is  
autism?

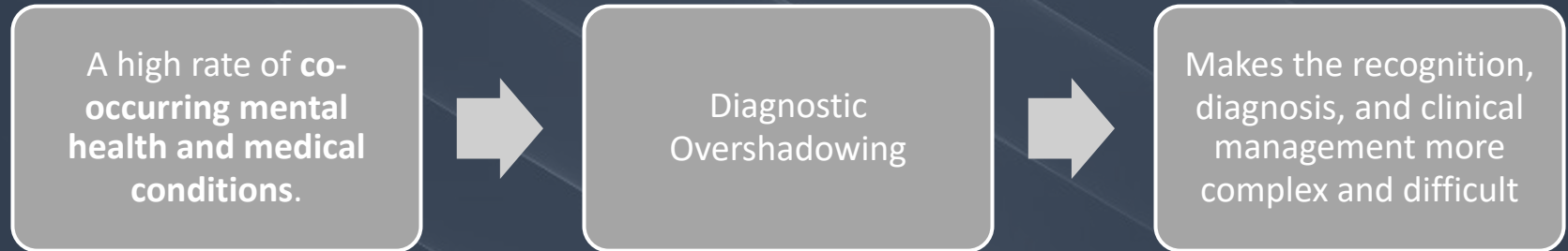
# Impact of autism on a person

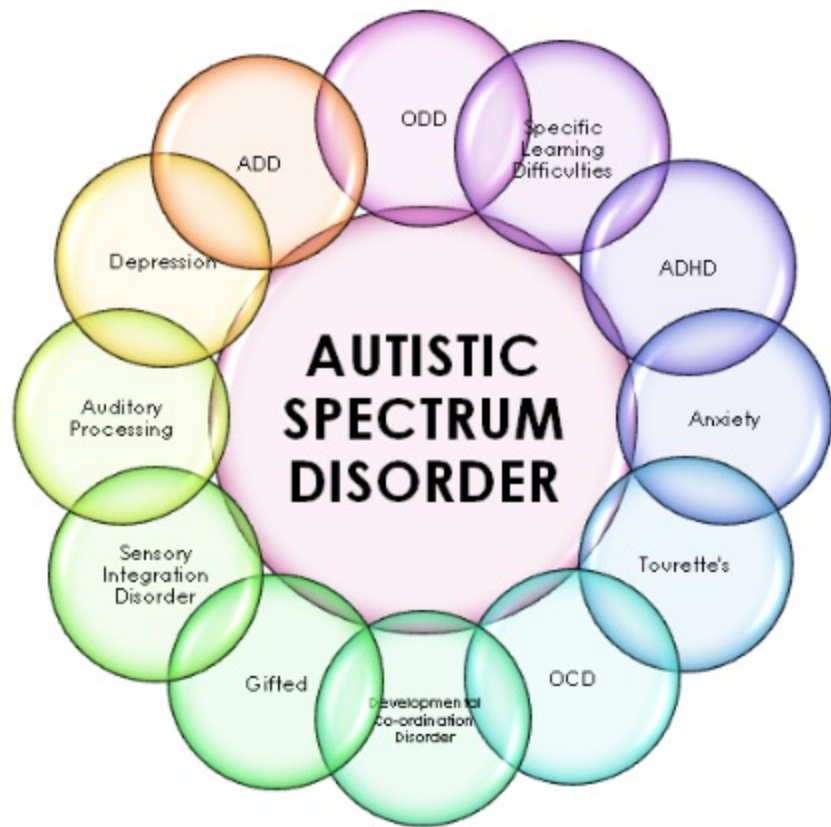
From behavior, problem solving abilities and self-care skills, to complex social communication ability, language, and executive functioning skills.

The range of symptoms and severity vary greatly from person to person.

The individual's age, cognitive and language abilities, and co-occurring conditions all impact the person.

# Impact- Dual Diagnosis

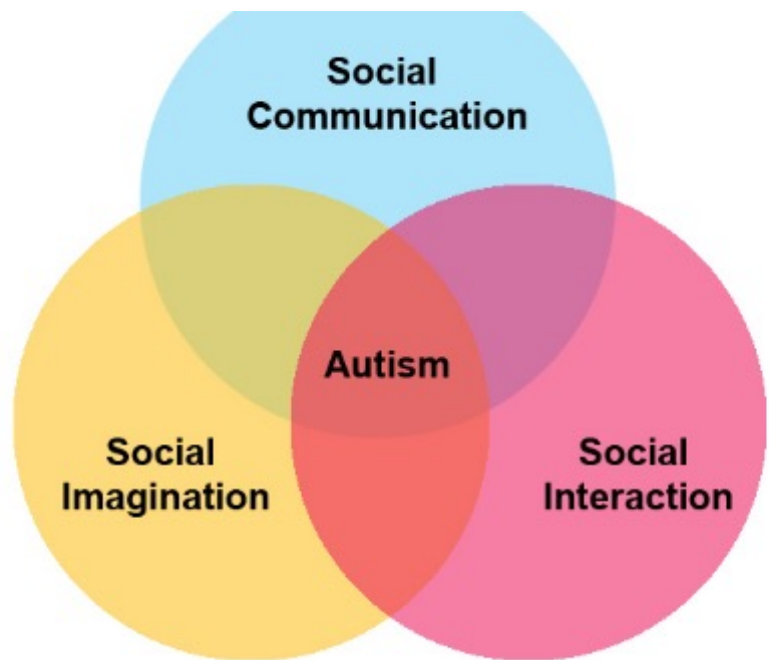




## Domains of impairment:

- **Social communication and interaction**, comprised of challenges in social-emotional reciprocity, challenges in using nonverbal strategies during social interactions and challenges in developing and maintaining and understanding social relationships.
- **Restricted, repetitive and stereotyped patterns of behavior**, manifested by unusual and repetitive movements or behaviors, restricted interests, insistence on sameness and inflexible adherence to routines
- In addition to **sensory challenges** ranging from seeking to avoid certain sensory stimuli to seeking out others.





## Impaired social interaction:

1. Prefers to play alone
2. Lack of or poor peer relationships
3. Rare initiation of interaction with others
4. Missed social cues
5. Difficulty with social engagement—
6. Social withdrawal
7. Lack of interest in sharing pleasure or gratification with others
8. Lack of nonverbal communication to monitor/control social interactions
9. Difficulty with empathy
10. Lethargy with no drive for social interaction.



# Delayed or deviant language

1. Speaking with fixation on a topic
2. Echolalia
3. Muteness
4. Emotional lability
5. Reversal of pronouns
6. Difficulty with creative thinking
7. Difficulty with reflective thinking



# What to do:

- **Initiate and Engage** in conversations, use open-ended questions
- **Read aloud:** build vocabulary
- **Label and describe** objects, actions, meanings
- **Narrate activities:** playtime daily activities, make connections
- **Follow their interests:** add new words



## Restrictive, repetitive activities and interests:

- Bound by routines
- Obsessive-compulsive-like behaviors
- Intense focus on favored objects



# Temple Grandin

---

- Many autistic people have intense and highly-focused interests, often from a fairly young age. These can change over time or be lifelong.
- art,
- music,
- gardening,
- animals,
- ZIP codes or numbers,
- cartoon characters.



# Autistic people often report that the pursuit of such interests

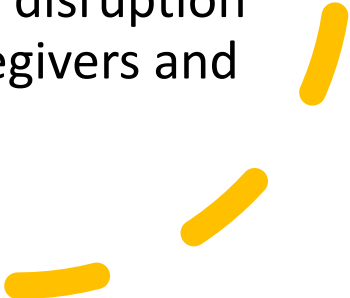
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- is fundamental to their wellbeing and happiness, and many channel their interest into studying, paid work, volunteering, or other meaningful occupations. The interest can:
- provide structure, order and predictability, and help people manage the uncertainties of daily life
- give someone a way to start conversations and feel more self-assured in social situations
- help someone to relax and feel happy.



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# Is it an obsession or a hobby?

- It is the intensity and duration of a person's interest in a particular topic, object, or collection that marks it out as an obsession.
  - Is the person unable to stop the activity/interest independently?
  - Is the interest impacting on the person's learning?
  - Is the interest limiting the person's social opportunities?
  - Is the interest causing significant disruption to other people, eg parents, caregivers and family?
- 

# Set Boundaries



If you need to, set clear, consistent limits - for example, ration an object, the time a person should spend talking about a subject, or the places where they can carry out a particular behavior.



Behavioral change is most likely to be successful and the person less likely to be distressed if you start small and go slowly.



Increase time restrictions and introduce other limits gradually.



# Motor Stereotypies aka **Repetitive behavior**

arm or hand-flapping, finger-flicking, rocking, jumping, spinning or twirling, head-banging, lip smacking and complex body movements.

'stimming' or self-stimulating behavior.



# Why would someone do this?



for enjoyment



an attempt to gain sensory input, eg rocking may be a way to stimulate the balance (vestibular) system; hand-flapping may provide visual stimulation



an attempt to reduce sensory input, eg focusing on one particular sound may reduce the impact of a loud, distressing environment; this may particularly be seen in social situations




to deal with stress and anxiety and to block out uncertainty. (Create predictability)





Should it be  
addressed?

- Is the person able to stop the activity or interest independently?
  - Does the repetitive behavior restrict the person's opportunities, causes distress or discomfort, or impacts on learning?
- 

# Understand the function

---


- Make the world a more structured and predictable place. (Boredom?)
- Prepare a range of enjoyable or calming activities to re-direct the person to if they seem bored or stressed.
- Try visual supports (such as daily timetables), social stories™, or pre-plan strategies to prepare for change or events that might be stressful, or daily transition times.
- Try Egg timers or time timers (time is abstract)
- Plan what they need to do, in what order, and understand the concept of waiting.

# Understand the Function: Perseverative thoughts can happen

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- Because a person may be trying to manage stress, process information, shift attention, can't stop thinking about certain things, or can't control behaviors.
- This kind of thinking, or looping thoughts, is not done consciously or on purpose.





# Perseveration may look like:

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- worrying about something that might happen because it happened in the past
- having difficulty getting past being angry or scared
- continuing to ask the same question long after getting an answer to the question
- going over previous conversations or interactions in the mind (also known as looping thoughts)
- repeating an action over and over again (also known as repetitive or restrictive behaviors)
- repeatedly talking about something that happened a long time ago
- giving the same answer to a different set of questions, even if it makes no sense

# Why this might happen.


- not knowing how to calm the mind and body
- difficulty with flexible thinking
- slow processing speed which means a person needs a lot of time to take in, make sense of, and respond to information
- not understanding social cues
- a lack of impulse control
- being hyperfocused on things a person is interested in



# Sensory Overload

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- When there is more input coming in from the senses than the brain can sort and process.
- Autistic people tend to be more hypersensitive to sensory input, making sensory overload more likely.



# Ordinary situations feel overwhelming

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- Autism's symptoms often include difficulty processing sensory information such as textures, sounds, smells, tastes, brightness and movement.
- These difficulties can make ordinary situations feel overwhelming.
  - interfere with daily function and even isolate individuals and their families.

# Is it a problem of misinterpretation?

- Interoception is the sense of your body's internal state, such as hunger, thirst, itch, pain, temperature, bathroom needs, sexual arousal or a racing heart, allowing you to understand and respond to your body's signals for homeostasis.
- This sense is crucial for [emotional regulation](#), decision-making, and overall mental health, with difficulties in interoceptive awareness linked to conditions like anxiety, depression, and eating disorders. It involves sensing, interpreting, and regulating internal signals, and can be improved through mindfulness and other strategies that increase awareness of these bodily cues.

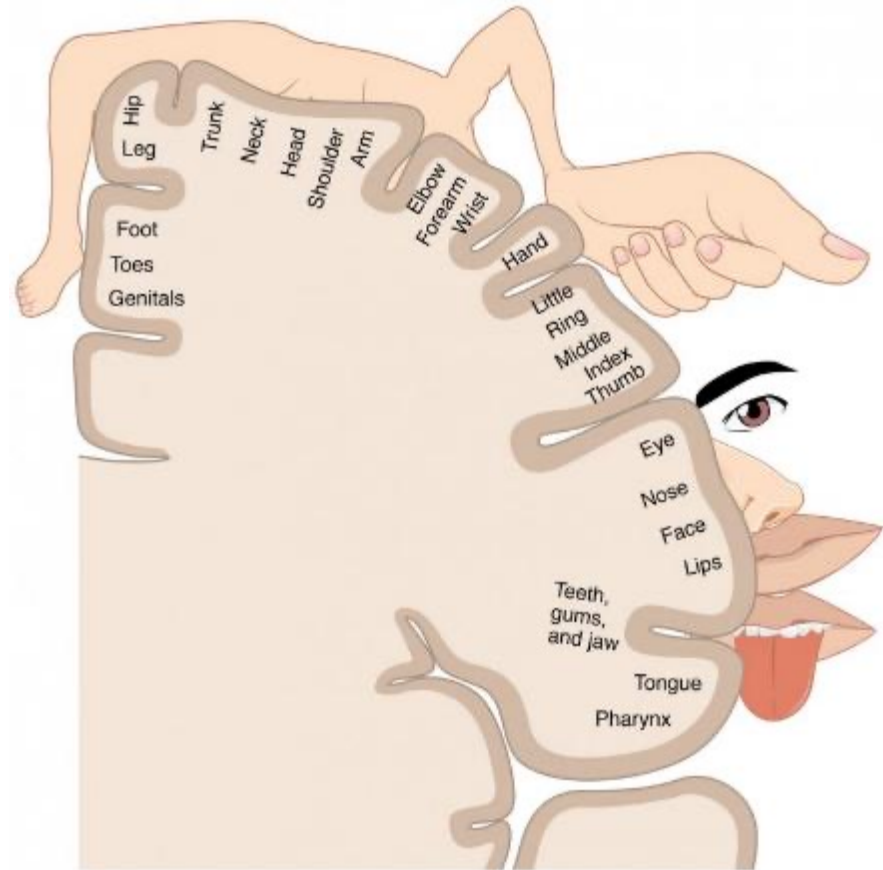
# Signs of overload

- sensory avoidance (hand on ears, closing eyes, retreating somewhere).
- sensory seeking behavior (bumping into furniture, getting into a small, tight space).
- an increase in repetitive behaviors such as touching the same objects over and over.
- bolting or running away.
- withdrawing, not engaging.
- an increase in stimming behaviors such as fast, intense rocking, pacing, self-talk, hair twirling, hand flapping.
- increased echolalia.
- self injurious behaviors like head banging, skin picking or pinching.

# Hypo-reactive

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- A person who is hypo-reactive to sensory input may not respond to sensory input typically noticed by others:
- For example, a person may ride on a swing all through recess and still have difficulty transitioning back inside because they need to continue to swing.



# Hyper-reactive

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- When a person experiences hyper-reactivity to sensory input, it can cause the person to be in a state of high alert much of the time.
  - attention is difficult, and a child's frustration tolerance tends to be lower.
- On the contrary, if a person does not receive the sensory input the body needs, they may seek out that input through behaviors that interfere with treatment or classroom instruction.



# It can go either way...

- Hyper-reactivity or hypo-reactivity responses to sensory input.
- More than **70 percent** of children with ASD experience sensory-processing differences.
- (Aishworiya et.al. , 2022)



# If interoceptive difficulties...

- Escape plan
- Sensory object
- Exercise routines
- Teach meditation
- Deep breathing and counting
- Distraction (cat or baby videos)
- Clear routines and boundaries with visual schedules.

# Techniques to address sensory issues

- Movement/vestibular input: vertical movement—such as jumping, and slow linear movement—such as swinging or a rocking chair.
- Proprioceptive input: weight-bearing activities and climbing activities.
- Deep-pressure tactile input: touch techniques—such as massage, ball “squishes” or weighted lap pads.
- Sound dampening ear-phones



Graduated exposure therapy.

- Desensitization

- Gradual exposure to a feared object
- Introduction to a new food.
- the smell, taste and texture of certain foods.



Back off when  
needed.

- Provide sensory based **breaks** to promote an optimal level of arousal and calming
- increase the use replacement alternative behavior



Anxiety is a complex subject because there is **no one** cause for its occurrence.

- difficulty with social situations
- unpredictability
- loss or change of routine
- not being able to identify, understand and manage emotions
- sensory overload/unfriendly sensory environment
- feeling misunderstood and wanting to fit in by [masking](#) or camouflaging autistic traits




# Autism equals Anxiety??????????

**Know the anxiety triggers.** Triggers can be identified through keeping a journal or observational notes.

**Monitor and manage energy levels.** Develop an awareness of energy levels after events and activities such as school or work. Allow for breaks, periods of rest, and the chance to engage in enjoyable interests that can recharge the batteries.

**Make accommodations to the environment** – Altering the environment can help with sensory overload. Have quiet spaces, soft lighting, wear noise cancelling headphones.



A top-down view of a desk with various school supplies. On the left, there's a wooden ruler, a yellow pencil, and a black pencil case containing several colorful pens and pencils. A spiral notebook is also visible. The background shows a white desk surface and a portion of a laptop screen.

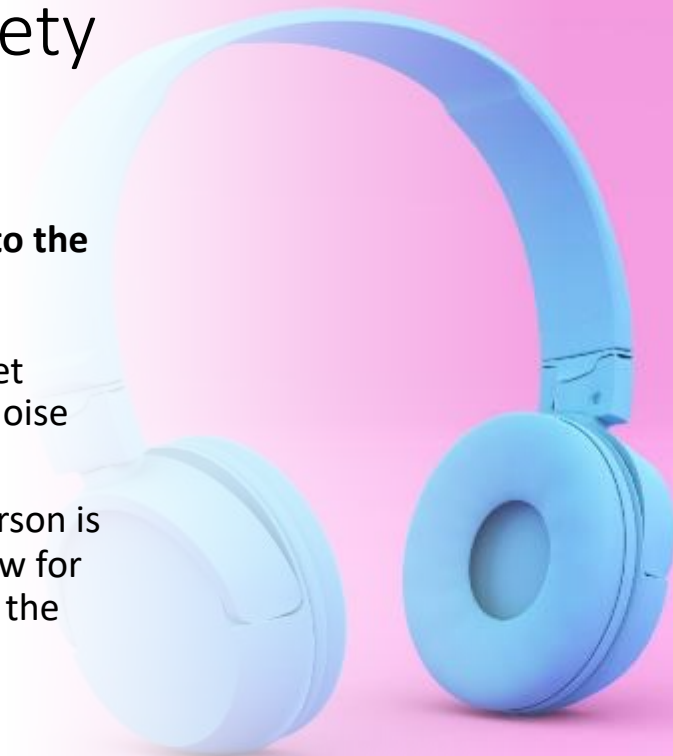
# Reducing anxiety--

- 1. Know the anxiety triggers.** Triggers can be identified through keeping a journal or observational notes.
  
- 1. Monitor and manage energy levels.** Develop an awareness of energy levels after events and activities such as school or work. Allow for breaks, periods of rest, and the chance to engage in enjoyable interests that can recharge the batteries.

# Reducing anxiety

**3. Make accommodations to the environment** – Altering the environment can help with sensory overload. Have quiet spaces, soft lighting, wear noise cancelling headphones.

**4. Reduce demands.** If a person is struggling, stop talking, allow for personal space, and reduce the demands on that person.



# How to reduce anxiety

**5. Use sensory tools to calm and soothe.** Examples are fidgets, items that provide deep pressure, stress balls to squeeze etc.

**6. Reduce demands.** If a person is struggling, stop talking, allow for personal space, and reduce the demands on that person.

**7. Use relaxation and calming activities.** listening to music, meditation, physical activity

**8. Visual schedules and routines** provide structure and predictability.



# Sleep Disorders

Difficulty falling asleep

Difficulty remaining asleep



# Positive Behavior Support

A behavior management system used to understand what maintains an individual's challenging behavior.

Challenging behaviors are difficult to change because they are **functional**; they serve a purpose

# A Behavior Support Plan

Guidelines for how the caregivers will respond to problem behaviors in ways that will not maintain the behavior.



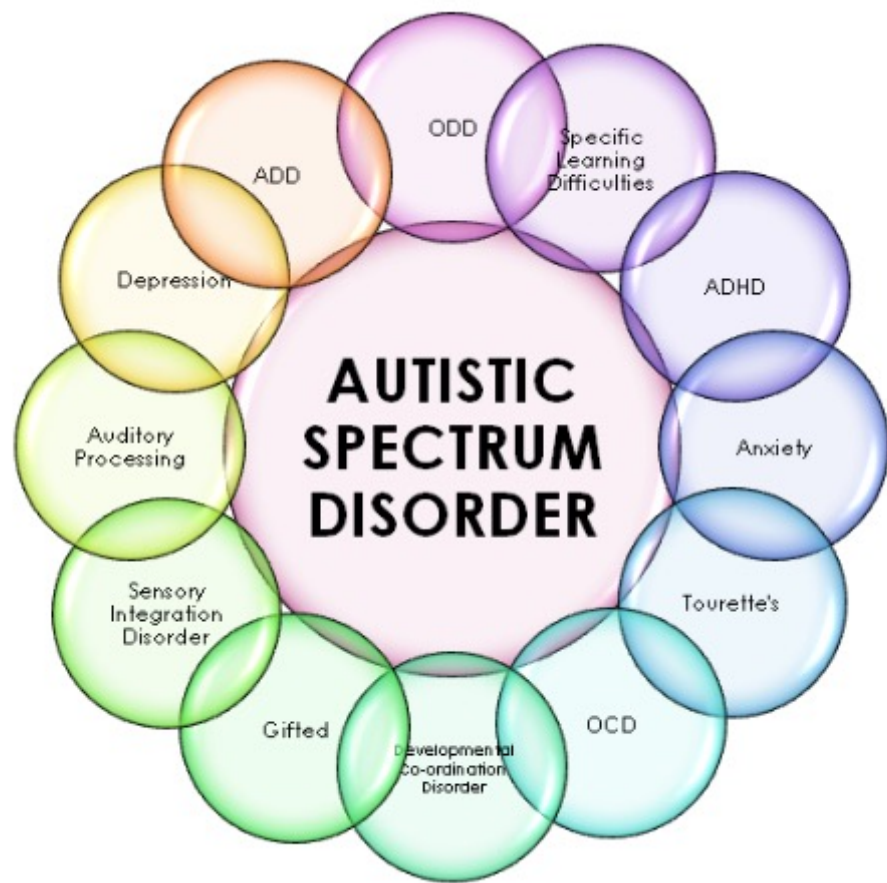
Includes positive reinforcement strategies for promoting the teaching and use of **new skills** or appropriate behavior  
-Communication skills, social skills, and self-management skills



Prevention strategies, ideally community based



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- Approximately two-thirds of adolescents with autism have been treated with psychotropic medications, especially those with challenging behaviors and **co-occurring** conditions like intellectual disability (ID), medical, and mental health diagnoses. (Aishworiya et.al. , 2022)

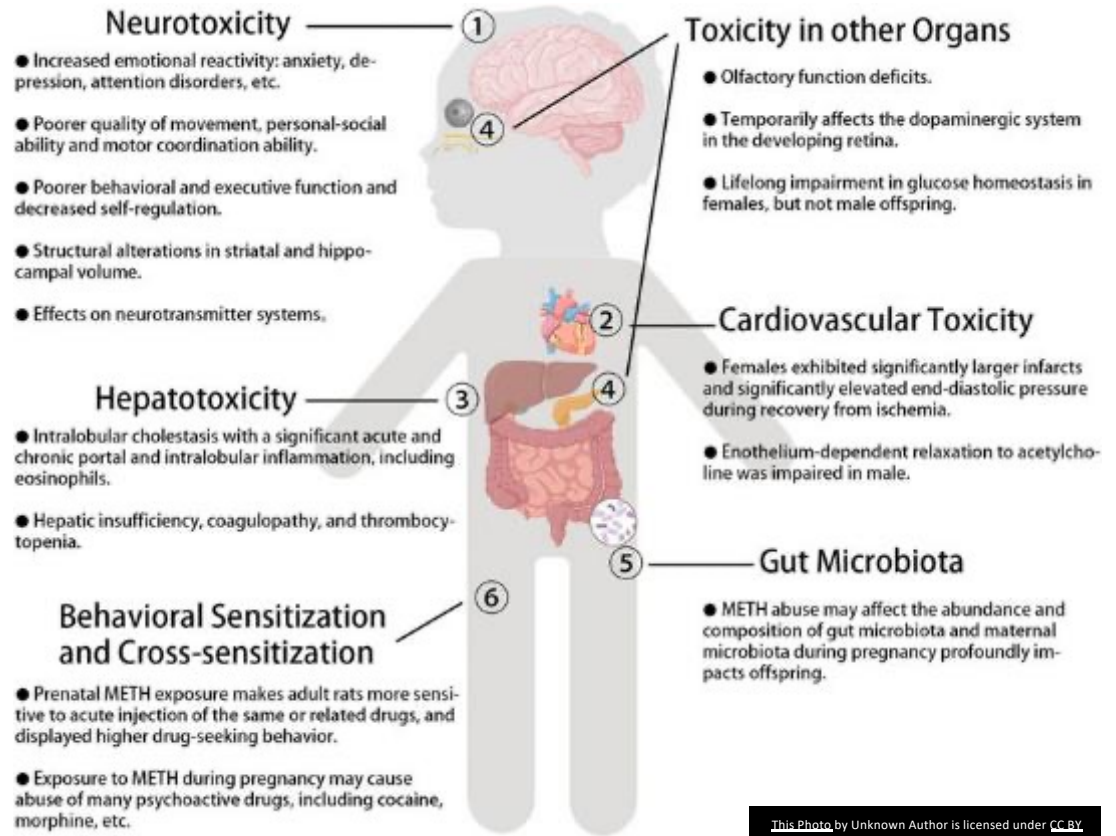




Advice  
before  
thinking  
about  
medications

- To provide the best pharmacological treatment for children with autism, providers must identify **target behaviors** and weigh the benefits against the adverse effects in collaboration with caretakers and the child.

- Children (Adults) with autism present with an array of multidimensional symptoms and characteristics and **will respond differently** to various pharmacological therapies.



# What might work?

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- As people with autism differ from person to person, so will successful interventions
- Prescribers must consider medications not only for symptoms of associated psychopathology but also as targeted treatments that have the potential to reverse the neurobiological abnormalities and should be considered as a part of an individualized therapeutic program with behavioral and educational interventions. (Aishworiya et.al. , 2022)

# Caution

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Keep in mind that children and adults with autism tend to be more sensitive to medication effects and more likely to have adverse effects than children and adults without ASD, especially children.

Pharmacological treatments should start out at lower doses and adjusted more slowly than in neurotypical children. (Aishworiya et.al. , 2022)



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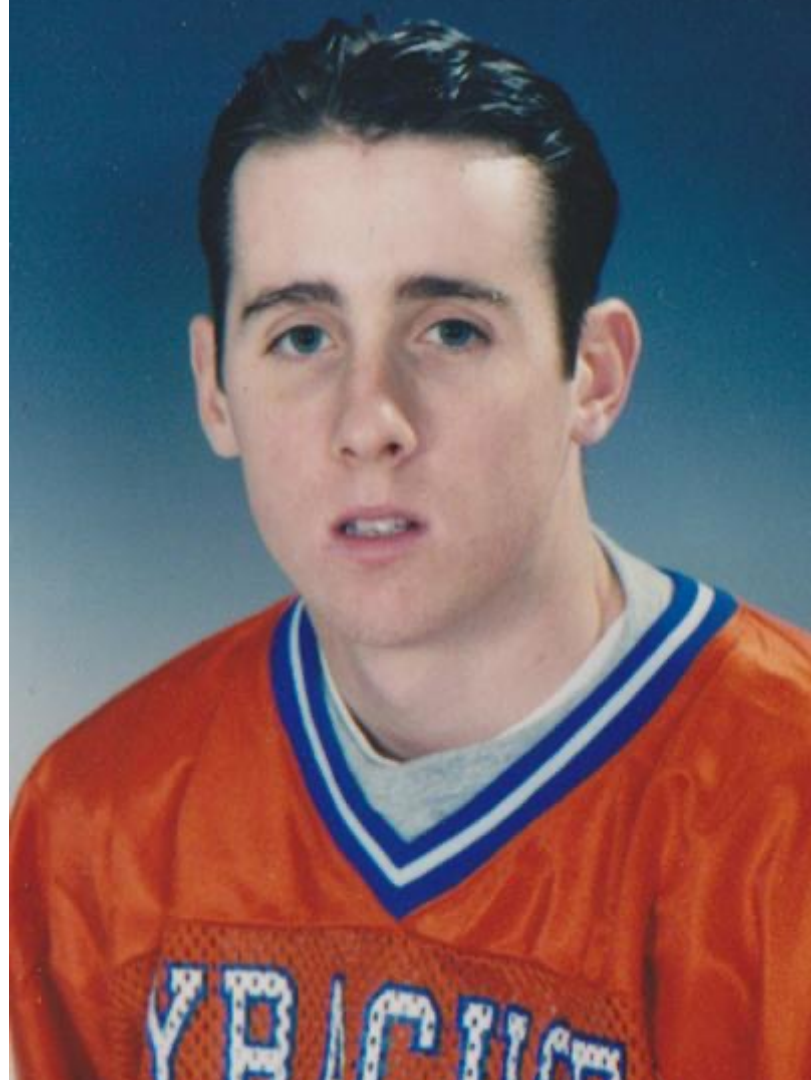
**OPEN DIALOGUE ABOUT  
DEPRESSION AND MENTAL HEALTH**























# Facts About Mental Health and Suicide in the US

- On average, there are 130 suicides per day...or 1 every 11 minutes
- Suicide is the second leading cause of death for people ages 10-34
- 78% of people who die from suicide are males
- 1 in 5 adults will experience mental health problems
- Youth members of the LGBTQ+IA community are 4x more likely to attempt suicide than their peers who are straight
- The average delay between mental health symptom onset and treatment is 11 years!

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in the U.S.**



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