Mental Health Interventions and Supports for Students with Autism Spectrum Disorder and Comorbid Mental Health Diagnoses

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by

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Keywords: Autism Spectrum Disorder, comorbid mental health, behavioral intervention, placement stability, qualitative case study, education, Ohio Autism Scholarship

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ABSTRACT

This qualitative case study examined the impact of mental health interventions on behavioral outcomes, disciplinary incidents, and placement stability among students diagnosed with autism spectrum disorder (ASD) and comorbid mental health conditions. The study focused on the experiences of two families in Ohio whose children exhibited significant behavioral challenges and received educational services through the Autism Scholarship Program. Semi-structured interviews were conducted with parents to explore their perceptions of the effectiveness of mental health support, including counseling, cognitive-behavioral therapy (CBT), medication management, and specialized educational placements.

Data was analyzed using thematic analysis, revealing four major themes: the importance of consistency and continuity of mental health support; the value of individualized and holistic approaches that address both behavioral and emotional needs; the influence of environmental and programmatic fit on behavioral success; and the benefits of collaboration and wrap-around services among schools, families, and mental health providers. Parents also identified barriers such as fragmented communication, limited access to qualified providers, placement instability, and systemic funding constraints.

Findings suggest that coordinated, contextually appropriate mental health interventions can reduce challenging behaviors, decrease time out of class for disciplinary concerns, and promote placement stability for students with ASD and co-occurring mental health disorders. Implications for educational practice and policy include the integration of mental health services within schools, targeted professional development, and equitable access to specialized programming.

Keywords: Autism Spectrum Disorder, comorbid mental health, behavioral intervention, placement stability, qualitative case study, education, Ohio Autism Scholarship

DEDICATION

This dissertation is dedicated to my son, Kenny, whose courage, resilience, and journey through Autism Spectrum Disorder and mental health challenges inspire me every single day. Your strength, determination, and unique way of seeing the world remind me why this work is so important. You are my greatest teacher, and everything I have written is for you.

To my daughter, Kadence, thank you for walking beside me through this journey—both personally and professionally. You have grown up alongside my work in the field of special education and autism, joining me in classrooms, schools, homes, and daily life. Your compassion, understanding, and willingness to embrace this world with me—at work and at home—have made this journey richer and more meaningful than I could have ever imagined.

To the children I have had the privilege to serve, thank you for teaching me the value of patience, understanding, and unwavering advocacy. Your strength, perseverance, and individuality have shaped my professional path and inspired this research.

To my husband, Hugh Yeckle, your steadfast love, patience, and encouragement have carried me through every challenge, every late night, and every moment of doubt. Your belief in me and your constant support made this achievement possible.

Finally, I dedicate this work to every child and family navigating the complexities of ASD and mental health. May this research contribute to greater understanding, compassion, and support for children like Kenny and the many remarkable children I serve. May it honor the families who inspire us to advocate, innovate, and never give up

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To the families who participated in this study, thank you for your openness, honesty, and trust. Your willingness to share your personal journeys made this work meaningful and authentic. It is my hope that this research contributes to a greater understanding of how educational systems and mental health supports can work together to meet the needs of the whole child.ye

To the children I serve, thank you for inspiring me daily with your resilience, creativity, and perseverance. Your experiences motivated this research and continue to guide my work in meaningful ways.

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CHAPTER 1

Introduction

Students diagnosed with Autism Spectrum Disorder (ASD) frequently face a significantly heightened risk of developing comorbid mental health disorders. These may include obsessive-compulsive disorder, anxiety, depression, attention deficit hyperactivity disorder, and oppositional defiant disorder (Simonoff et al., 2008). Research indicates that up to 70% of individuals with ASD have at least one accompanying mental health disorder that may require medical intervention (Simonoff et al., 2008). Behavioral issues, such as aggression, often prompt families to seek medical assistance. However, distinguishing whether these behavioral concerns stem from the autism diagnosis or a separate mental health condition complicates management. Mental health services, including counseling, can effectively address these challenges but are frequently underutilized (Simonoff et al., 2008).

Schools are vital in referring, providing, and coordinating mental health services for students. When students with ASD display maladaptive behaviors in educational settings, an Intervention Specialist typically addresses these behaviors, irrespective of whether they are linked to a mental health condition or the autism diagnosis itself. Most schools offer mental health services through therapists, counselors, and psychologists. A previous study examining service utilization among adolescents found that schools provided 70% to 80% of the mental health services received and often served as the sole source of care for many young people (Burns et al., 1995). As more youth with autism-related disorders are identified and supported through special education, it becomes increasingly essential to understand the role of schools in

delivering mental health services to students with comorbid mental health diagnoses (Shattuck et al., 2008).

Overview of Mental Health and Autism Spectrum Disorders

Understanding the symptomatology of mental health disorders can be difficult, as they may manifest atypically in people with an autism spectrum disorder. Additionally, there is a lack of appropriate assessment tools and diagnostic criteria for individuals on the autism spectrum who have presenting comorbid mental health concerns (Helverschou et al., 2011). Individuals with ASD may also have difficulties communicating verbally about what they may be experiencing and mental health symptoms due to communication difficulties and delays associated with an autism diagnosis (Helverschou et al., 2011). Often, the information that medical and mental health professionals need must be gathered via proxy from school personnel or caregivers (Hammond & Hoffman, 2014). This information can only be gathered if caregivers or school personnel recognize and advocate for the individual's mental health needs. Several studies, such as Hammond and Hoffman (2014), Helvershou et al (2011), and Bakken et al (2010), have described that there is a risk of diagnostic overshadowing in these assessments, in which symptoms of mental health disorders are misinterpreted and misattributed to the underlying condition(s) (Helverschou et al., 2011).

The Correlation Between ASD, Mental Health Disorders, and Challenging Behaviors

The precise relationship between challenging behavior and mental health disorders in individuals with ASD is not completely understood. D.L. Bowring, J. Painter, and R.P. Hastings (2019) suggest that challenging behavior can be associated with mental health disorders through

three distinct paths: (1) It may represent unusual expressions of mental health symptoms, (2) it might occur as a consequence of mental health symptoms, and (3) mental health symptoms could intensify pre-existing patterns of challenging behavior. In 2018, Researchers J. Painter, R. Hastings, B. Ingham, B. Trevithick, and A. Roy proposed that the behavioral equivalents hypothesis correlates with the first pathway, as it postulates that challenging behaviors may be understood as equivalents to mental health symptoms in people with an autism diagnosis.

More recently, Leader et al. (2021) found that the clinician-rated severity of comorbid mental health disorders is directly linked to the severity of challenging behavior in individuals on the autism spectrum. The Behavior Problems Inventory form (Rojahn et al., 2012) measured challenging behavior and included scales measuring self-injurious, aggressive/destructive, and stereotyped behavior. In addition, individuals with ASD who also have intellectual disabilities appear to be at increased risk of developing challenging behavior, also when compared to non-autistic individuals with intellectual disabilities (Bowring et al., 2019). Research has demonstrated that adolescents with an autism spectrum diagnosis experienced significantly greater anxiety, depression, anger, and lower self-concept than those with no special educational needs (Helverschou et al., 2011). Qualitative analysis revealed that problems in social relationships, understanding the nature of ASD, and disruptions to routine were common contributory factors to the mental health difficulties of participants (Helverschou et al., 2011).

Statement of the Problem

Maladaptive behaviors are often displayed at school as well as at home. Challenging behaviors can block access to the general education curriculum and disrupt the learning of both the student and others. Managing these behaviors often requires a timeout from class, a change

of placement to a more restrictive environment, or even an out-of-district placement to a treatment facility or specialized school. Typically, in a school environment, Intervention Specialists manage challenging behaviors, and mental health support is underutilized due to availability in the schools. However, if there is a link between the severity of the mental health diagnosis and the severity of challenging behaviors, then having mental health services involved with the student's care may be very beneficial in helping to decrease the severity of challenging behaviors, and therefore the need for potentially negative consequences such as time out of class or movement to a different environment.

Significance of This Study

Challenging behaviors such as aggression, noncompliance, self-injury, and stereotypy are common to school-age children with ASD (McClintock et al., 2003). Without appropriate intervention, challenging behaviors tend to persist in people with ASD and related developmental disabilities (Hastings & Brown, 2002). In addition, Special Educators and teaching staff who work with students with ASD have reported higher levels of emotional burnout when they have been exposed to challenging behavior that they are not able to deal with effectively (Hastings & Brown, 2002). Effective management of these behaviors and utilizing mental health supports, as part of a whole child, wrap-around service, could benefit teachers' satisfaction levels and help students decrease problematic behaviors by decreasing the severity of mental health symptoms that manifest atypically through behavior.

The mental health situation among children, parents, and educators in Ohio schools has become increasingly important, with emotional well-being varying from students who are

thriving to those who are struggling. For students facing challenges, there are practical steps that can be taken to foster positive mental health in school settings.

According to P.D. Flaspohler, D. Anderson-Butcher, and A. Wandersman (2024), Ohio announced significant progress in initiatives designed to enhance access to services that prevent or address emotional, behavioral, and mental health issues among students, as highlighted in the 2020-2021 Prevention Services Data Report (Flaspohler et al., 2024). According to the report, 95 percent of Ohio schools offered prevention-oriented programs and supports, with over 81 percent implementing prevention-focused curricula (Flashpohler et al., 2024). Several key insights from the report include that nearly 90 percent of schools reported collaborating with community coalitions, organizations, or external agencies during the 2020-2021 school year to provide prevention services and resources to families (Flashpohler et al., 2024). About 90 percent of schools also tried to engage parents and families in prevention-focused services (Flashpohler et al., 2024). More than 93 percent of schools offered prevention-oriented professional development and training for school staff (Flashpohler et al., 2024).

The Ohio Department of Education, in partnership with the Ohio Department of Mental Health and Addiction Services, defines prevention-focused programs and supports as services that enhance mental health (Flashpohler et al., 2024). These programs may include community-Based Providers, which consist of agreements with mental health specialists, prevention specialists, social workers, counselors, or psychologists, in addition to Educational Service Center (ESC) Employed Providers, which include mental health specialists, prevention specialists, social workers, school counselors, school psychologists, or family liaisons hired by the school district, such as paraprofessionals involved in instructional or behavioral roles, School Administrative Staff, such as principals, assistant principals, deans, directors, and coordinators,

School Nurses, School Resource Officers, or School-Employed Providers, which include mental health specialists, prevention specialists, social workers, school counselors, or school psychologists working within the district (Flashpohler et al., 2024).

Research Questions

1. Does the intervention of mental health services for those students diagnosed with comorbid Mental Health Disorders and Autism Spectrum Disorder help to manage and/or decrease challenging behaviors in the educational environment?
2. Does mental health support and intervention help to decrease time out of class for discipline-related concerns?
3. Does mental health support and intervention keep students in their current placement and lessen the incidence of placing students in alternative placements due to behaviors?

Definition of Terms:

Autism Spectrum Disorder (ASD) is a complex developmental condition involving persistent challenges with social communication, restricted interests, and repetitive behavior.

Comorbid or Comorbidity - denoting or relating to diseases or medical conditions that are simultaneously present in a patient.

Obsessive Compulsive Disorder - a personality disorder characterized by excessive orderliness, perfectionism, attention to detail, and a need for control in relating to others.

Anxiety or Anxiety Related Disorder - Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about several events or activities (such as work or school performance).

Schizophrenia or Schizophrenia Spectrum Disorder - a chronic mental illness that affects how a person thinks, feels, and behaves.

Gene Phenotype - the observable physical properties of an organism; these include the organism's appearance, development, and behavior.

Maladaptive Behaviors or Challenging Behavior - behaviors that interfere with daily life and can be harmful.

DSM-V is a handbook for health professionals to diagnose mental disorders. It is the standard guide used in the United States and many other countries.

Attention Deficit Hyperactivity Disorder (ADHD) - A chronic condition including attention difficulty, hyperactivity, and impulsiveness.

Individual Education Plan (IEP) - a plan or program developed to ensure that a child who has a disability identified under the IDEA law

Evaluation Team Report (ETR) - a document that summarizes a child's evaluation for special education.

Mental Health Services - A wide range of services, resources, and interventions designed to promote mental well-being, assist, and support individuals experiencing mental health challenges.

Mental Health Disorders - Also known as mental illnesses, are conditions that affect a person's thinking, mood, behavior, and overall functioning. These disorders can disrupt daily life and may cause significant distress. Mental health disorders can vary in severity and duration, and they

encompass a wide range of conditions, including anxiety, mood disorders, Post Traumatic Stress Disorders, Personality Disorders, and others.

Educational Environment - The area and culture in which students learn daily, which includes their physical, social, and emotional surroundings.

Mental Health Intervention - Strategies to improve well-being and address mental health concerns. These can include:

1. Psychotherapy: Engaging with a trained professional to understand and manage thoughts and emotions.
2. Medication: Prescribed treatments, such as antidepressants or anti-anxiety medications.
3. Support Groups: Meetings where individuals share experiences and offer mutual support.
4. Cognitive Behavioral Therapy (CBT): A therapeutic approach that helps alter negative thinking patterns.
5. Mindfulness and Stress Reduction: Practices like meditation and yoga promote relaxation and emotional balance.
6. Psychoeducation: Providing information about mental health to enhance understanding and awareness.
7. Crisis Intervention: Immediate assistance during a mental health crisis to ensure safety and stability.
8. Lifestyle Changes: Adjustments to daily habits, such as exercise and nutrition, that can improve mental health.

Discipline-Related Concerns - Removal from the classroom environment for activities related to the discipline of students, such as detention, suspension, expulsion, or office visits.

Alternative Placement - a disciplinary measure used by public and charter schools to support students facing challenges in a traditional setting due to extreme behavioral issues. This process involves observations and assessments, allowing for temporary removal from regular school to an alternative program that can aid the student's academic growth. It is typically applied to students with severe behavioral problems, such as repeated bullying or violence. It is available for both general education and special needs students, as determined by the district.

Conclusion

In 2022, Researchers C. Perihan, A. Bicer, and J. Bocanegra found that the widespread lack of awareness and training among educators regarding comorbidities within this population often compounds the challenges faced by children with Autism Spectrum Disorder. Unfortunately, these diagnoses can go unnoticed until they manifest in more severe and disruptive ways (Perihan et al., 2022). This situation is further exacerbated by inadequate mental health services, which can prevent these children from receiving the timely diagnosis and treatment they desperately need (Perihan et al., 2022). As a result, they are at a heightened risk of experiencing difficulties in social interactions, which can lead to educational setbacks, isolation, substance abuse, and long-term psychological issues (van Steensel et al., 2011).

Despite the significant impact anxiety can have on academic achievement, there is a lack of research focused on this critical issue (Bellini et al., 2007). For this reason, advocating for mental health awareness is crucial. By ensuring that educators can recognize and address mental health symptoms, we can facilitate accurate diagnoses and provide tailored treatment options or referrals to mental health professionals. This proactive approach is vital for meeting the unique needs of students with ASD. We must advocate for the development and implementation of

effective interventions in schools specifically designed for children with ASD. Only by prioritizing this issue can we hope to create supportive educational environments that empower these children to thrive both academically and socially.

In addition to conducting more research on the types of treatments available for youths with ASD who also have comorbid mental health issues, it is necessary to evaluate the effectiveness of mental health interventions in reducing challenging behaviors associated with these disorders. The goal is to minimize the need for disciplinary actions, placements in more restrictive environments, or transfers to out-of-district programs. For students who have not been successful in the school environment due to manifestations of their mental health diagnosis and have been sent to alternative placements outside the district, what part do mental health interventions play in transitioning a student with ASD and Mental Health Disorders successfully back into the school environment? In the next chapter, a review of the current literature of Autism Spectrum Disorder and comorbid mental health disorders, including ASD and Anxiety Diagnoses such as OCD and Eating Disorders, Schizophrenia Spectrum Disorders, Depression, will be addressed along with behavior management in the schools of challenging behavior, as well as mental health supports. This literature review will illuminate the necessity and purpose of this study.

Chapter II

Review of Literature

Introduction

This study aims to address the prevalence of mental health comorbidities for individuals with an Autism diagnosis and to weigh the value of mental health services in decreasing maladaptive, challenging behaviors that disrupt access to curriculum and inclusion into mainstream settings. As ASD is generally a lifelong condition beginning in childhood and with pathological outcomes in adulthood, outcomes are often described as difficulties or issues in finance, employment, and socialization (Fountain et al., 2012).

Research Questions

1. Does the intervention of mental health services for those students diagnosed with comorbid Mental Health Disorders and Autism Spectrum Disorder help to manage and/or decrease challenging behaviors in the educational environment?
2. Does mental health support and intervention help to decrease time out of class for discipline-related concerns?
3. Does mental health support and intervention keep students in their current placement and lessen the incidence of placing students in alternative placements due to behaviors?

ASD and Comorbid Mental Health Disorders

The diagnosis of Autism Spectrum Disorder (ASD) is often characterized by limitations or deficits in social interaction and communication. Typically, there is also a presence of stereotyped or repetitive behavior and restricted interests (American Psychiatric Association,

2013). Historically, mental health disorders were attributed to the autism diagnosis itself. Several mental health diagnoses lend their symptomatology to autism tendencies, such as obsessive-compulsive disorder, schizophrenia, and anxiety, to name a few. Obsessive-compulsive disorder is categorized as recurrent and persistent thoughts, urges, or images that are experienced at some time during the disturbance, as intrusive and unwanted, and that in most individuals cause marked anxiety or distress. Schizophrenia is defined as a chronic mental illness with positive symptoms (delusions, hallucinations, disorganized speech, and behavior), negative symptoms, and cognitive impairment. Anxiety is defined as excessive anxiety and worry, occurring more days than not for at least 6 months, about several events or activities.

More recently as diagnostic criteria have been fine tuned and more is understood about ASD, C.M. Kerns, B. Winder-Patel, A.M.Iosif, C.W. Nordahl, B. Heath, M. Solomon, & D.G.Amaral (2020) found that diagnosticians are accepting more and more behaviors and symptoms that had been associated features of ASD as possibly indicating the presence of a comorbid mental health disorder that warrants an additional diagnosis. Individuals diagnosed with ASD often present with other psychiatric disorders, such as attention deficit and hyperactivity disorder (ADHD), anxiety disorders, and mood alterations (Simonoff et al., 2008). Gadow et al. (2005) suggested that comorbidity generally leads to more severe impairments due to the cumulative effects of having more than one disorder. When other problematic symptoms are recognized as manifestations of comorbid psychiatric disorders rather than just isolated symptoms, more specific treatment is possible (Gadow et al., 2005). For this reason, comorbidity identification should include both symptoms that are sufficient for a comorbidity diagnosis and isolated symptoms that can be relevant as descriptors of individual phenotypes, such as eating behavior problems and behavioral difficulties, including self-aggression or hetero-aggression

(Simonoff et al., 2008). Self-aggression is a set of behaviors that cause physical or emotional harm to oneself. Hetero-aggressive behavior is a sudden outburst of anger or aggression directed at another person or object. Eating disorders are behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions.

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Autism and Comorbid Anxiety Diagnoses

The DSM 5, in contrast with prior versions, lists the comorbidity of ASD with Anxiety. In addition, estimates of anxiety-related symptoms can range from 11–84% in school-aged children with ASD, and as many as 40% meet the criteria for an anxiety disorder (Kerns et al., 2014). C.M. Kerns, P.C. Kendall, L. Berry, M.C. Souders, M.E. Franklin, R.T. Schultz, J. Miller, & J. Herrington (2014) found that anxiety rates are about twofold higher than those of their typically developing peers. These reviews note a wide range of estimates attributable to differences in the sample source, sample size, and assessment methods utilized (Kerns et al., 2014). In 2020, C.M. Kerns, B. Winder-Patel, A.M. Iosif, C.W. Nordahl, B. Heath, M. Solomon, and D.G. Amaral found that among individuals with Autism Spectrum Disorder, 69% experienced clinically significant anxiety. This included 21% meeting the criteria for DSM-specified anxiety disorders, 17% exhibiting distinct anxiety, and 31% showing both. In contrast, only 8% of typically developing children experienced clinically significant anxiety, and all were classified as DSM-specified. In children with ASD and intellectual impairment (IQ < 70), specific phobias were the most commonly identified DSM-specified anxiety disorders (Kerns et al., 2020). Other types of DSM-specified anxiety disorders were notably less prevalent in children with intellectual impairment compared to those without; however, distinct anxiety presented similarly across both groups (Kerns et al., 2020). The sensitivity of anxiety scales used

in these assessments was found to be moderate to poor, particularly in cases involving intellectual impairment (Kerns et al., 2020). Gladow et al. (2005) indicated that Separation Anxiety and Generalized Anxiety also occur at higher-than-expected rates in youth with ASD. The frequency with which anxiety disorders present comorbid with ASD has contributed to considerable complexity (Gadow et al., 2005). For instance, in individuals with ASD, anxiety is associated with sleep problems, self-injurious behavior, parental stress, insistence on sameness, and sensory under- and over-responsiveness (Gadow et al., 2005).

According to the research of Zabowski and Storch (2018), approximately 40% of the cases with ASD are diagnosed with at least one anxiety disorder. “The most common comorbid anxiety disorders include social phobia (17–30%), specific phobias (30–44%), generalized anxiety disorder (15–35%), separation anxiety disorder (9–38%), and obsessive-compulsive disorder (OCD; 17–37%)” (Zabowski & Storch, 2018, p. 31). “Initial explanations for these ranges (e.g., varying assessment methods, diagnostic definitions, and sampling procedures) have been supplemented by proposals that the ranges reflect overlapping phenomenology among ASD and anxiety disorders (Zabowski & Storch, 2018, p. 31). However, anxiety may differ through interactions with ASD, such that it is either typical (i.e., symptoms consistent with DSM criteria) or atypical (i.e., anxiety symptoms not associated with traditional DSM criteria), thereby expressing itself differently across populations” (Zabowski & Storch, 2018, p. 31).

The relationship between autism spectrum disorder (ASD) and anxiety may help explain the variability in prevalence rates of these conditions (Zabowski & Storch, 2018). The symptomatology of both anxiety disorders and autism shares several common characteristics (Zabowski & Storch, 2018).

> "For instance, social anxiety, which is primarily marked by a fear of negative evaluation from others and a tendency to avoid social situations, may be misinterpreted as a social communication deficit associated with ASD. Additionally, repetitive behaviors seen in ASD can overlap with compulsions observed in obsessive-compulsive disorder (OCD), and cognitive impairments commonly associated with ASD, such as memory issues, may also contribute to the manifestation of compulsive behaviors" (Zabowski & Storch, 2018, p. 31).

Preliminary research indicates that gene polymorphisms could influence anxiety's effects, which might manifest differently depending on the setting and observer (Zabowski & Storch, 2018). The genetic similarities between ASD and several other psychiatric diagnoses in the DSM-5 suggest that many mental illnesses are not entirely distinct (Zabowski & Storch, 2018). Evaluative studies reveal that obsessive-compulsive disorder (OCD) and autism exhibit very similar behavioral traits, including OCD compulsions and the routines observed in ASD, as well as cognitive characteristics like OCD obsessions and the insistence on equality and worries present in ASD (Zabowski & Storch, 2018).

Current research surmises that significant impairment associated with comorbid ASD and anxiety demands effective intervention strategies (Zabowski and Storch, 2018). Several controlled trials indicated that cognitive behavioral therapy (CBT) is an effective treatment modality (Zabowski & Storch, 2018). In Zabowski and Storch's (2018) study, it was observed that the effect of CBT on youth diagnosed with comorbid ASD and anxiety was moderate. However, research also suggests that children with ASD may struggle to report their internal states accurately (Zabowski & Storch, 2018). CBT for this population appears most effective when emphasizing the following core components: psychoeducation, exposure to feared triggers,

and cognitive restructuring (Zabowski and Storch, 2018). Psychoeducation includes providing education on ASD, mental and physiological reactions to anxiety, accommodation, and treatment for anxiety (Zabowski & Storch, 2018).

Autism Spectrum Disorder and Schizophrenia Spectrum Disorder

While Autism and Schizophrenia are two distinct conditions, historically, as of late 1970, the two conditions were used interchangeably for each other (Chisholm et al., 2015), it was only then that Rutter (1972) and Kolvin (1971) proposed that they were distinct disorders (Rutter (1972) and Kolvin (`971), as cited in Chisholm et al., 2015). Definitions of ASD and SSD have undergone many revisions. Some Researchers believed that autism was a central feature of schizophrenia, while others viewed it as the childhood onset of the disorder (Bender, 1947, as cited in Chisholm et al., 2015). While Schizophrenia is often diagnosed in late adolescence, rarely in children under 13, with strong characteristics of psychosis, and Autism is a condition that predominates the early years of life with communication and social differences, "the two conditions have overlapping traits, including sensory-processing problems and social difficulties, and they share gene-expression patterns in brain tissue" (Chisholm et al., 2015, p. 174). This overlapping of these traits led to the question of how often these two conditions co-occur (Chisholm et al., 2015).

K Chisholm, A. Lin, A. Abu-Akel, & S.J. Wood (2015) cited the frequency of the co-occurrence of both Autism and Schizophrenia stating, "Despite apparent differences, SSD and ASD share multiple phenotypic similarities and risk factors, have both been conceptualized as neurodevelopmental rather than neurodegenerative disorders (Goldstein et al., 2002) and have been reported to co-occur at elevated rates (Mouridsen et al., 2009; Solomon et al., 2011;

Stahlberg et al,, 2004)" (Chisholm et al, 2015, p. 176). The study continues, "Systematic research on their co-occurrence has been limited, although emerging genetic and neuroanatomical evidence has led to increasing recognition of the overlap between the conditions (Carroll & Owen, 2009; Cheung et al., 2010)" (Chisholm et al., 2015, p. 176). Because SSD and ASD are both supposed to exist on an extended phenotypic continua, the study shows the importance of not only evaluating criteria at the diagnostic level, but also at the physical manifestation of symptoms since a descriptive overlap exists in the traits that make up the diagnostic criteria for ASD and SSD (Chisholm et al., 2015). The study also suggests that similarities exist in traits that relate to, but are not part of, the diagnostic criteria (Chisholm et al., 2015). Theory of mind and mentalizing impairments are hypothesized to be central to both disorders (Chisholm et al., 2015). The breadth of Chisholm et al. (2015) research looks at descriptive traits of both disorders. It is noteworthy that traits typically associated with one disorder, according to diagnostic criteria, are often present in another. For instance, positive psychotic experiences are not included in the diagnostic criteria for Autism Spectrum Disorder (Chishom et al., 2015). However, prior research suggests that these experiences may occur at higher rates among individuals with ASD. Konstantareas and Hewitt (2001) found that 35% of their ASD sample exhibited one or more positive symptoms. Conversely, core features of ASD, such as intense interests, resistance to change, and unusual responses to stimuli, are not part of the diagnostic criteria for Schizophrenia Spectrum Disorder (SSD) but are frequently observed in SSD populations (Chisholm et al., 2015).

The study conducted by Stefano Barlati, Giacomo Deste, Cassandra Ariu, and Antonio Vita (2016) expands on Kanner's initial description of autism, which suggests a resemblance to schizophrenia and has repeatedly raised the question of a possible comorbid relationship or

phenotypic variations between the two conditions. Although these disorders are now regarded as separate entities, recent years have seen an exploration of the potential overlap between them in multiple facets, including environmental risk factors, alterations in neural development, genetic influences, neural anatomy, and impairments in neurocognitive and social cognitive functions (Barlati et al., 2016). Numerous studies indicate that autism spectrum disorder and schizophrenia may share certain pathogenetic mechanisms and that similar changes in brain developmental pathways could underlie aspects of the phenotypic spectrum of these disorders (Barlati et al., 2016). Investigating the similarities between autism spectrum disorder and schizophrenia may offer new perspectives for a deeper understanding of the etiology, pathophysiology, treatment, and prevention of these conditions (Barlati et al., 2016). Highlighting the commonalities in diagnosis traits and phenotypes of these conditions can provide valuable insights into both the causality and treatment of these conditions, making diagnosis a highly valuable contribution to the field of both diagnoses (Barlati et al., 2016). In this respect, some nuclear symptoms present in both disorders, such as negative symptoms and social withdrawal, cognitive and social cognition deficits, could be a primary target of treatment (Barlati et al., 2016). The authors continue to state that further study could be beneficial to "identify overlapping areas with other neurodevelopmental disorders, in particular with schizophrenia spectrum disorders, could be a good starting point for further research aimed at developing and evaluating the effectiveness of new procedures and therapeutic tools" (Barlati et al, 2016, p. 18).

However, a recent review of current studies on the prevalence of schizophrenia and autism co-occurring published by Bahar Gholipour (2018) reported that individuals with Autism are 3.6 times more likely to be diagnosed with Schizophrenia. Gholipour (2018) claims that after collecting data from 11 studies, the new analysis found that schizophrenia is 3.6 times as

common in individuals with autism as in controls. Autism likewise occurs more often in people with schizophrenia than in the general population, although the data, taken from six studies, are too variable for a single number to emerge (Gholipour, 2018). The Researcher further states that the prevalence of these studies varies considerably: One study reported a lower prevalence of schizophrenia in people with autism than in controls; another showed equal numbers in both groups; and a third suggested that schizophrenia affects 18 percent of autistic adults, compared with less than 1 percent of the general population (Gholipour, 2018).

Gholipour (2018) indicated that schizophrenia is approximately 3.6 times more prevalent among individuals with autism compared to control groups. However, this figure is not definitive due to the variability in study designs and potential confounding factors. To account for any potential skewing in the results, the researchers conducted repeated analyses, systematically excluding one study at a time; yet the overall conclusion remained unchanged (Gholipour, 2018). To assess the prevalence of autism among individuals with schizophrenia, Gholipour (2018) reviewed six studies published between 2004 and 2014. The findings varied significantly, with estimates ranging from 3.4 to 50 percent, possibly due to differences in sample sizes and diagnostic criteria. Additionally, the six studies together included only 930 participants; a sample size too small to reliably estimate prevalence, as noted by the researchers (Gholipour, 2018). OBJ

This data seems to present some blurred lines with no clear-cut definitive result regarding the prevalence of autism co-occurring with schizophrenia. However, F. De Crescenzo, V. Postorino, M. Siracusano, A. Riccioni, M. Armando, P. Curatolo, and Mazzone (2019) cited an overlap in their research between early autistic symptoms and psychotic experiences. During adolescence, De Crescenzo et al. (2019), in longitudinal studies, reported that 20–50% of individuals with childhood-onset schizophrenia met the criteria for premorbid ASD. In addition,

social difficulties and language impairment are common in both conditions (De Crescenzo et al., 2019). Specifically, deficits in reciprocal social interactions are considered part of the core clinical symptoms of ASD (De Crescenzo et al., 2019).

Individuals with Autism Spectrum Disorder (ASD) exhibit deficits in eye contact, nonverbal communication (e.g., descriptive, conventional, and emphatic gestures), and difficulties developing age-appropriate relationships (De Crescenzo et al., 2019). Similarly, social withdrawal is documented in individuals with Schizophrenia Spectrum Disorders (De Crescenzo et al., 2019). Studies investigating social functioning deficits in these conditions have shown contrasting findings (De Crescenzo et al., 2019). When DeCrescenzo et al. (2019) performed a meta-analysis of 11 separate studies, they found that individuals with SSDs exhibit significantly more autistic symptoms compared to healthy controls and fewer autistic symptoms than those with autism (De Crescenzo et al., 2019). The findings of this meta-analysis indicate a shared symptom overlap between these conditions (De Crescenzo et al., 2019). For instance, language impairments commonly associated with autism are also frequently exhibited in the early symptoms of SSDs, as evidenced by the difference observed on the AQ Communication subscale between those with SSDs and healthy controls (De Crescenzo et al., 2019). In addition, disorganized thinking, formal language, and an emphasis on preferred topics are often observed in individuals with autism, and these linguistic features resemble formal thought disorders, which are identified by disorganized speech (De Crescenzo et al., 2019). Furthermore, people with autism may exhibit language deficits marked by a lack of verbal initiation and content poverty, similar to individuals with schizophrenia and negative symptoms (De Crescenzo et al., 2019). Additionally, social challenges appear to be present in both conditions (De Crescenzo et al., 2019). For example, issues like social withdrawal and difficulties in maintaining age-appropriate

friendships are observed in both autistic individuals and those with schizophrenia (De Crescenzo et al., 2019). Unsurprisingly, the AQ Communication subscale, which assesses communication abilities, and the AQ Socialization subscale, which evaluates social skills, yielded the highest scores in this group (De Crescenzo et al., 2019). It can be challenging to differentiate between the positive symptoms of SSDs and the symptoms of autism (De Crescenzo et al., 2019). Sensory problems found in individuals with autism might be misinterpreted as hallucinations in schizophrenia, which could lead to significant treatment consequences (De Crescenzo et al., 2019). Distinguishing between the negative symptoms of schizophrenia and autism traits can also be complicated. For instance, the absence of emotional reciprocity in individuals with autism mirrors the flat affect or alogia (i.e., reduced speech output) seen in schizophrenia. Hence, it is conceivable that individuals with Schizophrenia Spectrum Disorders (SSD) may develop autistic-like traits as a consequence of their negative symptoms (De Crescenzo et al., 2019). The line frequently blurs between the two diagnoses, as nuclear characteristics can skew the research, as they are similar and can be attributed to different symptoms, such as sensory integration issues or social skills deficits (De Crescenzo et al., 2019). Similar symptoms might be attributed to phenotype similarity (De Crescenzo et al., 2019). According to De Crecenzo et al. (2019), individuals with social communication disorders exhibit more autistic traits than healthy control subjects but fewer than those diagnosed with autism. This research represents the first comprehensive review and meta-analysis to consolidate the available evidence on this matter systematically. DeCrescenzo et al. (2019) acknowledge limitations, including reliance on self-report questionnaires, which may lead to reporting biases. Consequently, additional research into the underlying causes of autism symptoms is necessary to better understand the relationship between these conditions better. Both Autism and Schizophrenia are frequently co-diagnosed

with other similar conditions, such as anxiety and OCD, further blurring the lines between symptoms and pathology for these two diagnoses (De Crescenzo et al., 2019).

However, Chisholm et al.'s (2015) research addressed the overlapping similar symptoms that may affect pertinent results and the similarity in environmental factors for these two diagnoses. Both schizophrenia spectrum disorders (SSD) and autism spectrum disorders (ASD) share not only genetic risk factors but also a significant number of environmental risk factors (Chisholm et al., 2015). Many of these environmental factors are associated with complications during pregnancy (Chisholm et al., 2015). Chisholm et al. 's (2015) meta-analysis discovered that various conditions, such as antepartum hemorrhage, gestational diabetes, rhesus incompatibility, preeclampsia, low birth weight, congenital malformations, reduced head circumference, uterine atony, asphyxia, and emergency cesarean section, were linked to a greater likelihood of developing schizophrenia. A similar pattern has been confirmed by De Crescenzo et al. (2019) through research regarding ASD, where factors such as gestational diabetes, maternal bleeding during pregnancy, the use of medications by mothers during pregnancy, and psychiatric medication usage during pregnancy have all been identified as increasing the risk of ASD. Additionally, paternal age has been recognized as a possible risk factor for both ASD and SSD, particularly when fathers are over 50 years old (Chisholm et al., 2015). Chisholm et al. (2015) validated these findings for both disorders, showing an increased risk of SSD in children, whose fathers are over 29 years old and a heightened risk of ASD in children of fathers aged 30 and older. The highest risk was noted for the offspring of fathers aged 50 and above (Chisholm et al., 2015). Other potential shared environmental risk factors have been suggested more cautiously, except for urban living, which has been strongly correlated with the emergence of SSD (Chisholm et al., 2015). While there has been an observed association between urban living

during pregnancy and early childhood and the development of ASD, some of these correlations might be due to differences in access to medical and diagnostic resources (Chisholm et al., 2015). Moreover, the nutrition of the mother during pregnancy, particularly low levels of prenatal vitamin D, has also been tentatively recognized as a risk factor associated with both ASD and SSD (Chisholm et al., 2015).

In addition to environmental factors affecting the incidence of both SSD and ASD occurrence, literature has also indicated a plausible hereditary/familial link to both diagnoses. I.J. Chou, C.F. Kuo, Y.S. Huang, M.J. Grainge, A.M. Valdes, L.C. See, H.K. Yu, S.F. Luo, L.S. Huang, W.Y. Tseng, W. Zhang, & M. Doherty (2017) found that the prevalence of schizophrenia in individuals with an affected first-degree relative is 6% higher, and in individuals with an affected second-degree relative is 2.4% higher than in the general population, indicating a dose-response relationship between the risk of schizophrenia and genetic distance. This finding is in line with previous twin studies reporting a high concordance of schizophrenia (Chou et al., 2017). Familial factors account for approximately two-thirds of the phenotypic variance, while genetic factors contribute approximately half of the total variance (Chou et al., 2017). The magnitude of familial aggregation and heritability is substantial but lower than the estimates reported by previous studies (Chou et al., 2017). Chou et al. (2017) further report a higher prevalence of mood disorders and delusional disorders in people with a family history of schizophrenia. Despite this familial risk, similar to many other common complex diseases, most cases of schizophrenia are expected to be sporadic (Chou et al., 2017).

Chisholm et al. (2015) correlated this theory in their article. However, they expanded it to include the hereditary incidence of ASD as well, stating that it is particularly interesting that, in addition to showing high levels of heritability within each disorder, there is evidence of

relatively high heritability between the disorders. There is an increased risk for ASD in the offspring of parents with SSD, higher levels of ASD traits among the siblings of children with COS, and an increased rate of SSD in the parents of children with ASD than in parents of controls (Chisholm et al., 2015). Rather than a clear-cut answer regarding the comorbidity of ASD and SSD, a multifactorial approach that considers the phenotype, familial heredity, and environmental factors should be regarded as the most effective (Chisholm et al., 2015).

Schizophrenia Spectrum Disorders, which include schizophrenia and related conditions, are characterized by abnormalities in delusions, hallucinations, disorganized thinking, abnormal motor behavior, and negative symptoms (De Crescenzo et al., 2019). These disorders typically onset between late adolescence and the mid-30s, while Autism Spectrum Disorder (ASD) is an early-onset condition defined by deficits in social communication and repetitive behaviors (De Crescenzo et al., 2019). Historically viewed as related, extensive research has confirmed that SSDs and ASD are distinct disorders (De Crescenzo et al., 2019). Nonetheless, they share overlapping symptoms, leading to increased research into their potential associations, including shared genetic risk factors and similar clinical characteristics. (De Crescenzo et al., 2019). Given the similarities in presentation with social skill abnormalities, disorganized speech and thinking, and repetitive or abnormal motor behavior, the overlapping symptoms could give rise to either a co-morbid diagnosis or the historical thought of interchangeability of the diagnoses (De Crescenzo et al., 2019). However, the answer is more complex than the similar symptoms and phenotypes of both conditions. De Crescenzo et al. (2019) suggest a similar pathology and a correlation between the individual's environmental factors, heredity, and social constructs within their family units (De Crescenzo et al., 2019).

Autism and Comorbid Depression

Individuals on the Autism Spectrum have a high incidence of co-occurring mental health conditions, and depression is among the most reported, according to researchers Hammond and Hoffman (2014). The comorbidity of autism and depression can be approached from two differing theories: the latent variable approach and the network approach (Hammond & Hoffman, 2014). In latent variable theory, the central idea is that depression and autism are latent variables that are measured through several symptoms, such as depressed mood and challenges in social communication (Hammond & Hoffman, 2014). Comorbidity is then hypothesized to arise from a correlation between the latent variables (Hammond & Hoffman, 2014). Explanations for comorbidity can also include a genetic disposition or a general predisposition towards negative effects that cause both latent variables (Hammond & Hoffman, 2014). This utilizes the central idea that mental health conditions are networks of interrelated symptoms that may cluster together in a meaningful way but are not necessarily caused by a similar underlying latent variable (Hammond & Hoffman, 2014). In this case, comorbidity is hypothesized to arise from direct symptom-to-symptom relations within and across diagnostic categories. These cross-disorder interrelations could be explained by overlapping symptoms (Hammond & Hoffman, 2014).

Challenging Behaviors and Mental Health Management in the Schools

C. Clarke, V. Hill, and T. Charman (2017) stated that most of the responsibility for the treatment of challenging or maladaptive behaviors for youths and adolescents with ASD has been placed on the schools for two reasons. First, for some students, classrooms are the primary and often singular source of intervention for challenging behavior (Clarke, C., Hill, V., &

Charman, T., 2017). Second, the Individuals with Disabilities Education Act (IDEA) requires schools to conduct a Functional Behavior Assessment (FBA) to identify the variables that maintain challenging behavior and to develop a Behavioral Intervention Plan (BIP) for students who risk a change in their educational placement due to their problematic behavior (Clarke et al., 2017). Clark et al. 's (2017) study has shown that nearly half of the students with ASD accessed a mental health service in the previous year. This contrasts with the 2001 National Survey of Children with Special Health Care Needs rates, where 25% of participants reported a need for mental health services, and 82% of those 25% accessed services (Clarke et al., 2017).

Despite the important role that schools play in the treatment of these children, there is a lack of research and knowledge related to general and special education teachers' responses and understanding of anxiety-related behaviors in children with ASD. Trudgen and Lawn's study (2011) showed that only 20% of teachers received training in anxiety for typically developing children, and the prevalence of teachers trained for anxiety in children with ASD is estimated to be even lower. Due to core ASD symptoms and a lack of teachers' knowledge about anxiety in ASD, children with ASD might face more serious misunderstandings in the diagnosis of anxiety problems than typically developing children (Trugden and Law, 2011). For example, Trugden and Law (2011) noted that although school refusal is considered a core feature of separation anxiety in typically developing children, it cannot be accurate for children with ASD, who may avoid going to school due to other factors, including sensory overload or disruption of daily routines. Because of the lack of knowledge and training, it is common for anxiety in children with ASD to go unnoticed by teachers until their symptoms become more harmful and visible (Trugden and Law, 2011). Inadequate and reduced mental health services increase the risk of children with ASD being placed in school environments without diagnosis and treatment of

anxiety (Trugden and Law, 2011). That may cause further impacts on their ability to interact with others and may increase the risk of educational failures, isolation from society, substance use, or other long-term psychological conditions (Trugden and Law, 2011).

Importance of Study Considering Current Research

There is a need for more research on the types of treatments provided to youths with Autism Spectrum Disorder (ASD) who also have comorbid mental health concerns. It is essential to assess the effectiveness of mental health treatments in reducing challenging behaviors that stem from these comorbid disorders. This assessment should be part of a comprehensive treatment toolbox. There is a pressing need for in-depth research focused on the various treatment options available for youths diagnosed with Autism Spectrum Disorder (ASD) who also experience comorbid mental health issues, such as anxiety, depression, or behavioral disorders. Understanding how effective these mental health interventions are in reducing the challenging behaviors that often emerge due to these overlapping conditions is crucial. These treatments should be thoroughly evaluated as part of a holistic toolbox for these students. Such an approach would keep them engaged in their educational environments, ensuring they consistently access vital learning resources and enriching experiences, contributing to their academic and social development. The ultimate objective is to significantly decrease the need for disciplinary measures, prevent placements in more restrictive educational settings, and reduce the frequency of transfers to out-of-district schools, which can disrupt continuity of care and learning.

In practice, implementing the least restrictive environment (LRE) requires educational institutions to consider various placement options tailored to meet the individual needs of each

student. These options encompass a spectrum of settings within and outside the traditional school environment, facilitating a conducive learning atmosphere. These options include placements within the school or district in a General Education Classroom, a Resource Room, or a Self-Contained classroom. A General Education Classroom is the most inclusive option, wherein students with disabilities are integrated into a regular classroom setting. Support from paraprofessionals or specialized educators may be provided as needed, promoting social interaction and cooperative learning alongside their peers. A Resource Room, although slightly more restrictive, is designed for students who require additional assistance with specific subjects and need small-group or individual instruction in a low-distraction environment, as indicated on their Individualized Education Program (IEP), or targeted instruction on IEP goals. This setting permits targeted instruction while allowing students to participate in general education classes for most of the school day. Special educators provide small-group or individualized support to foster student success. A Self-Contained Classroom is an option for students requiring more focused instruction due to significant learning or behavioral challenges. Self-contained classrooms are typically characterized by smaller class sizes and a higher teacher-to-student ratio, facilitating personalized teaching methods. They are the most restrictive setting in the school environment.

Placements for students outside the school district vary due to the individual needs of the student and the specific situation they present. One option is a Specialized School specifically tailored for individuals with disabilities, including students with severe behavioral challenges. These specialized schools offer programs and services designed to address the unique needs of their student population. Home or Hospital Instruction is utilized when students cannot attend school due to medical or psychological conditions, or when homebound or hospital-based

instruction is required. This can also include instruction for students confined in the juvenile detention setting. This provision ensures that students maintain their educational progress despite their challenging situations. Transition Programs are also considered out-of-district placements for older students approaching the conclusion of their high school education, focusing on preparing them for post-school life. These programs typically emphasize job and daily living skills, often incorporating community-based instruction to enhance practical application.

The last option for students with Autism Spectrum Disorders or Multiple Disabilities is to accept the Autism Scholarship or the Jon Peterson Scholarship. These placements are driven by the students' families and/or caregivers when the placements and/or education services offered for the student are deemed unacceptable. In this process, families and students sever ties with the local school district and relinquish their right to a Free and Appropriate Public Education (FAPE) in exchange for a set amount of money to pursue their Individualized Education Program (IEP) services and education with designated providers. This option may appear differently for students depending on their geographic location, community services, or access to these services. This scholarship could cover tuition at a private or specialized school, or even home instruction with transportation to a clinic for related services, such as Occupational Therapy, Physical Therapy, or Speech or Language Therapy.

Educational institutions must conduct regular assessments and individualized education program (IEP) meetings to determine the most suitable placement for each student. This ongoing evaluation should adhere to the Least Restrictive Environment (LRE) principles, ensuring that students have access to the least restrictive environment that adequately meets their educational needs. Such a tailored approach enhances academic achievement and promotes students' social and emotional development.

For students who have faced significant challenges in traditional school settings due to behaviors associated with their mental health diagnoses, resulting in their placement in alternative educational facilities outside their districts, understanding the impact of targeted mental health interventions is essential. This research will explore the stories of four specific students with Autism Spectrum Disorder (ASD), as recounted by their family members or caregivers. These students exhibit challenging behaviors that are intricately linked to their comorbid mental health conditions, leading to their removal from their home schools. By examining their experiences, research can shed light on the crucial role of personalized mental health support in facilitating their successful reintegration into mainstream educational settings. This research seeks to enhance our understanding of effective interventions and advocate for a system that prioritizes inclusion and support for all students, regardless of their mental health challenges, to keep students in the classroom and ensure they have access to educational materials and experiences. The goal is to minimize the need for disciplinary actions, placements in more restrictive settings, or transfers to out-of-district placements.

For students who have struggled in the school environment due to behaviors associated with their mental health diagnoses and have been placed in alternative settings outside their district, it is crucial to understand the role of mental health interventions in successfully reintegrating these students with ASD and mental health disorders back into their school environment. This research will focus on the cases of four students with ASD, as relayed by their family member/caregiver, who have experienced challenging behaviors attributed to their diagnosed comorbid mental health conditions and, as a result, have been removed from their home school setting.

Conclusion

Research, both current and from the last 10-15 years, explores the relationship between Autism Spectrum Disorder (ASD) and comorbid mental health disorders, with a particular focus on anxiety. ASD is characterized by challenges in social interaction and communication, as well as repetitive behaviors. Historically, various mental health issues, such as obsessive-compulsive disorder and anxiety, were thought to arise from the effects of autism itself. However, recent research indicates that many individuals with ASD also contend with additional psychiatric conditions, which significantly impact their overall functioning.

Anxiety, in particular, is increasingly recognized as a common comorbidity among children with ASD, exhibiting prevalence rates that range between 11% and 84% (Kerns et al., 2020). A study by Kerns et al. (2020) revealed that 69% of individuals with ASD reported clinically significant anxiety, in stark contrast to only 8% of typically developing children. The most frequently observed comorbid anxiety disorders include social phobia, specific phobias, generalized anxiety disorder, separation anxiety disorder, and obsessive-compulsive disorder (Kerns et al., 2020).

The challenge of addressing both ASD and anxiety is further complicated by overlapping symptoms and differing assessment methods (Kerns et al., 2020). Anxiety can present as either typical or atypical symptoms in individuals with ASD, making diagnosis and treatment more difficult (Kerns et al., 2020). Gaining a comprehensive understanding of these comorbidities is essential for developing targeted and effective interventions for those affected by both ASD and anxiety disorders.

There is a need for more research on the types of treatments provided to youths with Autism Spectrum Disorder (ASD) who also have comorbid mental health concerns. It is essential

to assess the effectiveness of mental health treatments in reducing challenging behaviors that stem from these comorbid disorders. This assessment should be part of a comprehensive treatment toolbox designed to keep students in the classroom, ensuring they can access educational materials and experiences supporting their learning and development. The goal is to minimize the need for disciplinary actions, placements in more restrictive settings, or transfers to out-of-district placements. To this end, the next chapter will look at this study's examination of the efficacy of utilizing mental health supports for students with Autism Spectrum Disorder (ASD) and comorbid mental health diagnoses in maintaining or improving educational placement is outlined in the following chapter, which includes the methodology, participant selection, data collection/analysis, limitations, and ethical considerations.

CHAPTER III

Methodology

Restatement of Purpose:

Challenging behaviors such as aggression, noncompliance, self-injury, and stereotypy are common to school-age children with ASD (McClintock et al., 2003). Without appropriate intervention, challenging behaviors tend to persist in people with ASD and related developmental disabilities (Hastings & Brown, 2002). In addition, Special Educators and teaching staff who work with students with ASD have reported higher levels of emotional burnout when they have been exposed to challenging behavior that they are not able to deal with effectively (Hastings & Brown, 2002). Effective management of these behaviors and utilizing mental health supports, as part of a whole child wrap-around service, could benefit teachers' satisfaction levels and help students decrease problematic behaviors by decreasing the severity of mental health symptoms that manifest atypically through behavior.

Research Questions:

The purpose of this study is to investigate the following research questions:

1. Does the intervention of mental health services for those students diagnosed with comorbid Mental Health Disorders and Autism Spectrum Disorder help to manage and/or decrease challenging behaviors in the educational environment?
2. Does mental health support and intervention help to decrease time out of class for discipline-related concerns?

3. Does mental health support and intervention keep students in their current placement and lessen the incidence of placing students in alternative placements due to behaviors?

Methodology:

A qualitative multiple case study will be the primary design for this research. Qualitative research involves collecting data related to a specific area of study, from which the researcher constructs various concepts and theories. This approach was deemed more suitable for the research because it allows for a deeper understanding of individual experiences related to managing challenging behavior and mental health diagnoses in a school setting, as well as the beliefs and feelings of the individuals and their families or caregivers. In contrast, a quantitative approach is more structured, expansive, and focused on numerical data.

The purpose of a multiple case study is to highlight the uniqueness of each case while also enabling the analysis of common themes across all cases. A collective case study is a type of qualitative research where the researcher focuses on a single issue or concern and selects multiple case studies to illustrate that issue (Green & David, 1987). As this study involves multiple cases, the final analysis will include individual narratives for each case, along with a section for cross-case analysis. The units of analysis for each case include the use of mental health supports, such as counseling through schools or private entities, instances of removal from public schools due to challenging behaviors, and the ability to maintain enrollment or return to public schools. Interviews will be semi-structured and adhere to a set of protocol questions established before the commencement of the study. Participants in the qualitative interviews are encouraged to respond freely and provide as much detail and background as they feel

comfortable sharing. Emergent themes and unexpected findings will be noted to enhance the research. Ultimately, the objective is to elucidate the multifaceted factors that impact these students' educational experiences.

Selection of Participants

This multiple case study will interview up to five families, guardians, or caregivers who have students with ASD and a mental health diagnosis who have been identified through their interaction with alternative placements and the use of The Autism Scholarship to fund IEP services outside the school district. While many students in Ohio utilize the Autism Scholarship to choose providers for their IEP services other than the public school of residence, these families will have students attending a non-public, non-chartered program for students on the Autism Spectrum. They will be selected for this program due to their willingness to engage with outside mental health services as part of their overall treatment. The students will have comorbid mental health diagnoses along with ASD, such as anxiety, depression, attention deficit hyperactivity disorder, obsessive compulsive disorder, schizophrenia spectrum disorders, and/or eating disorders. Private scholarship providers were sought out by the students' families after schools failed to provide the necessary services to support student success, as perceived by families or caregivers. As required by the State of Ohio to receive the Autism Scholarship, the family waives their right to FAPE and personally selects Scholarship Providers to educate their students and provide all IEP services. The families or caregivers of these students will be the primary sources of information as the symptomatology of ASD notated a lack of communication and social skills, which may mean that students might have difficulties being accurate historians

of their mental health states and symptoms, as well as have limited interaction with the decision-making process to remove them from their home school environments.

Data Collection

This study is a multiple case study design that utilizes semi-structured interviews. Interviews enable participants to elaborate on their experiences, offering flexibility and a broader range of information than standardized interviews. Semi-structured interviews allow individuals to respond to questions in their own way while maintaining a structured framework that facilitates comparability, unlike focused interviews.

Although the interview process is a valuable method for collecting rich and in-depth data, it can be expensive and time-consuming. Each interview is unique, and the interaction between the interviewer and the participant may differ, leading to variations in the quality of responses. Additionally, the quality is influenced by the interviewer's experience, skills, and commitment.

To provide a detailed and comprehensive understanding of the impact of mental health interventions on challenging behaviors and their management in a school setting, the following data will be collected:

1. Interviews: Data will be collected from up to eight caregivers/parents/guardians of students with comorbid Autism Spectrum Disorder (ASD) and mental health diagnoses.

Because participants will reflect on multiple situations, this case study analysis will employ a multiple case study approach, enabling participants to explore various situations and diagnoses. This method not only emphasizes the individual uniqueness of each case but also facilitates an in-depth exploration of themes that emerge across all cases. In essence, a collective

case study is a powerful qualitative research approach where the researcher tackles a specific issue by examining multiple case studies that vividly illustrate that concern.

Given the multi-faceted nature of this study, the final analysis will encompass detailed narratives for each case, complemented by a comprehensive cross-case analysis. The focus will be on critical factors, including the utilization of mental health support through school or private counseling services, instances of removal from public schools due to challenging behaviors, and the ability to either preserve the current placement or successfully reintegrate into public schools.

Interviews will be semi-structured and guided by carefully crafted protocol questions established prior to the commencement of the study. Participants will be free to express themselves openly and provide as much detail and context as they are comfortable sharing, fostering an environment conducive to authentic and meaningful contributions. Together, these elements aim to paint a more precise and compelling picture of the challenges and successes faced by navigating the complexities of mental health support in educational contexts.

This case study analysis will employ a multiple case study approach. This design highlights the uniqueness of each case while facilitating the analysis of themes across all cases. Since this study utilizes multiple cases, the final analysis includes narratives for each case and a cross-case analysis section. The units of analysis for each case utilized mental health support through counseling provided by the school or a private entity, removal from the public school due to challenging behaviors, and the ability to maintain the current placement or return to public schools. Primarily, this study examined the perspectives of the parents and students.

Each interview is to be semi-structured and follow a set of protocol questions (See Appendix 1). Protocol questions are established prior to the onset of the study. The researcher

created these interview questions, and a pilot study was conducted. Participants in the qualitative interviews are free to respond as they wish and provide as much detail and background as they are comfortable relaying. To ensure the confidentiality of data collected during the study, all participants will be assigned unique codes that replace their names, allowing for anonymity throughout the research process. All data will be stored securely, with access restricted to authorized personnel only. Additionally, any identifiable information will be removed during data analysis to minimize the risk of exposure.

Data Analysis

This study will employ a general interview guide format, conducting interviews with families or caregivers once each. All interviews will be audio recorded, and following each session, they will be transcribed, thematically coded, and analyzed. The interview process will focus on the educational experiences of each family member or caregiver, specifically regarding the research questions related to managing challenging behaviors in school settings and the effects of mental health interventions in this context.

Each participant will be interviewed in a quiet and isolated environment, free from distractions. Interviews will be conducted individually, ensuring that information, responses, and observations from other participants are not shared with them. Each interview will begin with a review of the study's purpose, a discussion about the audio recording device, and an opportunity for participants to ask questions or address concerns.

After each interview, the data will be organized and transcribed. Transcribing the interviews will allow the researcher to deepen their understanding of the subject by repeatedly listening to and reading the transcripts. The applied codes will be keywords used to categorize or

organize the text, which is a fundamental aspect of qualitative research (Sarantakos, 1998). The next stage involves interpreting the data by identifying recurring themes and highlighting similarities and differences within the data.

The final stage is data verification, which includes checking the validity of the understanding by reviewing the transcripts and codes. This process allows the researcher to confirm or adjust previously formulated hypotheses. Each interview response will be referenced and linked to the relevant research question.

Following each interview, the researcher will independently transcribe the data, using precise methods to ensure accuracy. Stalling words, phonetic pronunciations (when appropriate), silences, pauses, and hesitations will be noted, as well as any significant gestures that contribute to the data. Important details, such as body language, will also be recorded to enhance the accuracy of the interpretation.

The analytical stage involves examining data across all cases. The usage of and exposure to mental health support services, such as counseling, will be assessed to increase understanding. The first step is to review all coded interviews, field notes, and artifact data from the primary participants. The second step is to repeat this process for the secondary participants. Finally, the codes will be analyzed for themes across all participants, and the frequency of these codes will be tabulated to identify emerging themes both within the primary participants and across the entire participant group. This will also result in a table that includes how each participant's answers address the research questions.

Ethical Considerations

Ethics is the discipline that addresses what is right and wrong within a moral framework grounded in obligation and duty. Before commencing research, a research proposal will be submitted to the International Review Board (IRB) for ethical approval. Researchers must consistently consider the impact of their work on participants and society and act accordingly.

It is unethical to collect information without the knowledge and consent of participants. Therefore, researchers will inform all participants that their involvement is voluntary and that they have the right to withdraw from the study at any time. Informed consent will be obtained from all participants before the study.

Participants will be informed in advance about the interview, including a broad outline of the topics to be discussed, the type of information required, the purpose of the research, and how their information will be utilized. Before each interview, participants will be informed of the expected duration and given ample opportunity to ask any questions related to the research topic.

All participants will sign a consent form (See Appendix B) indicating their willingness to participate in the interview while ensuring confidentiality and anonymity throughout the process. Because behavior and mental health can be sensitive and challenging subjects for many individuals, the researcher will approach the preparation, research, and analysis of the topic with care and sensitivity to the questions posed and the potential vulnerability of the participants involved.

It is essential to recognize that individuals have diverse experiences regarding behavior and mental health. Therefore, the researcher will remain mindful that discussing prior experiences may be traumatic or upsetting for some participants.

Limitations of the study

This study has several limitations. Most notably, the small number of participants means that caution should be exercised when generalizing the findings. Researching on a larger and more in-depth scale would be beneficial to gain a more comprehensive understanding. Nevertheless, the use of semi-structured interviews was effective in obtaining rich and meaningful data from the participants. Although interviewing is time-consuming, it proved an efficient way to extract information openly and honestly.

Another limitation is the potential for researcher bias, a risk inherent in any study, particularly with less structured data collection methods. The researcher will be aware of and mitigate this bias. While it is impossible to eliminate research bias, the researcher is confident that valid findings can still be obtained and applied to more significant populations. Additionally, it can be argued that the type of data collected allows for more room for interpretation compared to numeric data.

Conclusion

In conclusion, the study aims to explore the impact of mental health interventions on managing challenging behaviors in students with Autism Spectrum Disorder (ASD) and comorbid mental health disorders. By employing a qualitative case study approach, this research seeks to gain in-depth insights into families' experiences navigating the complexities of education and mental health support for their children.

It is crucial to understand the role of mental health services in reducing behavioral issues, minimizing time spent outside the classroom due to disciplinary actions, and maintaining student placements within their current educational settings. As educators and caregivers strive to

support students in achieving their fullest potential, the findings from this study could inform the development of more effective strategies and interventions that address the unique needs of students with ASD and co-occurring mental health challenges.

Ultimately, the goal is to create a more supportive and responsive educational environment that promotes student success and educator satisfaction. By highlighting the experiences of families engaging with mental health supports, the research will shed light on the importance of addressing both behavioral and mental health needs within school systems, potentially leading to better outcomes for all parties involved. In the next chapter, the researcher will examine the interview findings and results, which provide valuable insights into the experiences and perspectives of families and/or caregivers of 4-7 students with ASD and mental health disorders, thereby enhancing our understanding of the effectiveness or ineffectiveness of the strategies and interventions used to support students with Autism Spectrum Disorder and co-occurring mental health disorders currently.

Chapter 4

Findings

Restatement of Research Questions

This study sought to examine the relationship between the implementation of mental health interventions and the behavioral, disciplinary, and placement outcomes of students diagnosed with Autism Spectrum Disorder (ASD) who also present with co-occurring mental health conditions. The investigation was grounded in the growing recognition that students with ASD frequently exhibit challenging behaviors—such as aggression, noncompliance, self-injurious acts, and stereotypic behaviors—that can interfere with learning, social interaction, and overall classroom functioning. These behaviors, when left unaddressed, often persist over time and may lead to increased stress and emotional burnout among educators and support staff who lack adequate resources or training to manage them effectively. Within this context, the integration of comprehensive, prevention-focused mental health services within schools represents a critical component of a whole-child approach aimed at supporting both academic and emotional development.

Accordingly, this study sought to evaluate the extent to which the inclusion of structured mental health interventions and supports contributes to reductions in challenging behaviors, improved behavioral regulation, and greater continuity in student placement. The following research questions guided the inquiry:

1. Does the intervention of mental health services for those students diagnosed with comorbid Mental Health Disorders and Autism Spectrum Disorder help to manage and/or decrease challenging behaviors in the educational environment?

2. Does mental health support and intervention help to decrease time out of class for discipline-related concerns?
3. Does mental health support and intervention keep students in their current placement and lessen the incidence of placing students in alternative placements due to behaviors?

In restating these questions, the overarching purpose of the study was to evaluate whether embedding mental health interventions within the educational framework for students with ASD and comorbid mental health diagnoses yields observable benefits in behavior management, school participation, and placement stability. Furthermore, the study aimed to contribute to the growing body of evidence supporting the integration of interdisciplinary mental health services as a proactive, prevention-oriented approach to improving both student outcomes and educator well-being within special education contexts.

Restatement of Purpose

The purpose of this study was to examine the impact of mental health interventions on behavioral, disciplinary, and placement outcomes for students diagnosed with Autism Spectrum Disorder (ASD) and co-occurring mental health conditions. By exploring how targeted mental health supports influence the manifestation and management of challenging behaviors, this research aimed to determine whether the integration of such supports within educational environments leads to improved student functioning, greater instructional access, and enhanced educational stability.

More specifically, the study sought to identify whether the presence of structured, school-based mental health services—delivered through prevention-focused and wrap-around

approaches—could mitigate the occurrence of behaviors that often result in disciplinary exclusion or alternative placement. Through this focus, the research emphasized the value of a comprehensive, collaborative model in which educational and mental health professionals jointly address the emotional and behavioral needs of students with ASD and comorbid diagnoses.

Overall, the intent of the study was to contribute empirical insight into how the integration of mental health services within schools supports a "whole child" framework that prioritizes both academic achievement and emotional well-being. By analyzing outcomes such as reduced challenging behaviors, fewer disciplinary removals, and increased placement stability, the research aimed to highlight the potential for school-based mental health interventions to serve as both preventative and restorative supports.

This study is intended to inform educational leaders, policymakers, and mental health practitioners about the importance of aligning special education and mental health service delivery to create environments where students with ASD and co-occurring conditions can thrive academically, socially, and emotionally. The findings of this investigation are expected to advance understanding of how systemic collaboration among educators, mental health professionals, and families can lead to more equitable, sustainable, and effective outcomes for one of the most complex and vulnerable student populations within the educational system

Participant Demographics

The participants in this study were the parents of two male school-age students diagnosed with Autism Spectrum Disorder (ASD) and co-occurring mental health conditions. These parents were purposely selected because they possessed firsthand knowledge of their children's behavioral, mental health, and educational histories, including significant school transitions

resulting from maladaptive behaviors and their use of the Ohio Autism Scholarship to access alternative educational placements. As the primary reporters of their children's experiences, the parents provided essential contextual information regarding intervention history, behavioral challenges, and educational trajectories. Their perspectives offer critical insight into the study's research questions concerning the impact of mental health interventions on challenging behaviors, disciplinary outcomes, and placement stability.

Both parents provided detailed accounts of their child's educational and behavioral experiences, including the use of mental health interventions, therapeutic services, and educational placements. These narratives offer critical insight into the practical impact of interventions on managing challenging behaviors, minimizing disciplinary removals, and maintaining students in supportive educational settings.

1. Case 1 - Parent reported that their 17-year-old son had multiple co-occurring diagnoses in addition to Classic Kanner Autism, including Attention-Deficit/Hyperactivity Disorder (ADHD), anxiety disorder, depression with suicidal ideation, avoidant/restrictive food intake disorder (ARFID), and kyphosis. According to the parent, their son exhibited challenging behaviors such as aggression, noncompliance, and stereotypy. The parent described a long history of interventions—including cognitive-behavioral therapy (CBT), intensive outpatient group/partial hospitalization services, medication management, a food exploration program, speech therapy, and occupational therapy. The parent also detailed multiple educational transitions: the child attended an alternative school placement, later returned to the district school in 8th grade, and was subsequently homeschooled during 11th grade. The parent's narrative highlights the complex

relationship between mental health support, behavioral regulation, and educational placement decisions.

2. Case 2: Parent described their son's diagnoses of ASD, anxiety disorder, depression, and oppositional defiant/noncompliant behaviors. The parent reported that their child's behavioral challenges contributed to several school placement changes. At the time of the interview, the child was attending a school operated by a licensed psychologist, where the parent observed significant behavioral and academic improvements. This parent emphasized the positive impact of consistent mental health and behavioral supports within a specialized educational environment and how such supports contributed to increased stability and reduced maladaptive behaviors.

Overall, the demographic characteristics of the participants illuminates the complexity of behavioral and mental health needs among students with ASD and comorbid conditions. The combination of intervention histories, placement changes, and family experiences provides a framework for interpreting the effects of mental health supports on the study's three central research questions: (1) whether mental health interventions help manage or decrease challenging behaviors, (2) whether such supports reduce time out of class for discipline-related concerns, and (3) whether they contribute to maintaining students in their current educational placements.

Case	Reported by	Age	Gender	Diagnoses	Behavioral Challenges	Interventions	Placement History	Current Placement
Case 1	Parent 1	17	Male	ASD, ADHD, Anxiety, Depression w/SI, ARFID, Kyphosis	Aggression, noncompliance, stereotypy	CBT, IOP/partial hospitalization, medication, OT, ST, food therapy	District → Alternative → District → Home school	Home school
Case 2	Parent 2	15	Male	ASD, Anxiety, Depression, ODD/ Noncompliance	Defiance, withdrawal, noncompliance	Behavioral supports, psychologist-led interventions	District → Alternative → Specialized program	School run by psychologist

Note. Both children had complex behavioral and mental health profiles requiring multiple interventions and educational placements. The Ohio Autism Scholarship facilitates access to alternative educational environments.

Table 1 presents a summary of the participants' demographic and educational characteristics, including diagnoses, behavioral challenges, interventions received, and placement history. These details provide foundational context for interpreting the study's findings regarding the influence of mental health interventions on challenging behaviors, disciplinary outcomes, and placement stability.

The demographic and contextual information within Table 1 establishes the framework for understanding the experiences of the participants and the interventions they received. By highlighting the parent's reported diagnoses of their child, behavioral

challenges, intervention histories, and placement trajectories, this section provides the necessary context for interpreting how mental health supports may influence outcomes in educational settings. The following sections present the findings from the semi-structured interviews with parents, organized according to the study's research questions: (1) the effectiveness of mental health interventions in managing or reducing challenging behaviors, (2) the impact of supports on reducing time out of class for discipline-related concerns, and (3) the role of mental health interventions in maintaining students in their current educational placements. These findings provide insight into the interplay between behavioral management, therapeutic supports, and educational stability for students with ASD and co-occurring mental health conditions.

Data Analysis

Data was analyzed using thematic analysis to identify patterns, themes, and categories relevant to the research questions. Coding was conducted in multiple stages, beginning with open coding to identify initial concepts, followed by axial coding to establish relationships between categories, and selective coding to identify overarching themes. Themes were continually refined and compared across both cases to ensure that findings reflected the experiences of both participants and addressed the study's objectives.

The data collected through semi-structured interviews with two parents were analyzed using thematic analysis, consistent with the qualitative case study methodology. The purpose of data analysis was to identify patterns, themes, and relationships within the data that addressed the study's research questions regarding the impact of mental health interventions on behavior,

disciplinary outcomes, and placement stability for students with Autism Spectrum Disorder (ASD) and comorbid mental health conditions.

All interviews were audio-recorded with participant consent and transcribed verbatim. Transcripts were reviewed for accuracy, and pseudonyms were assigned to maintain confidentiality. Field notes recorded during and immediately after the interviews were incorporated into the analysis to provide contextual understanding and supplement the verbal data.

Theme Development

Through this process, four major themes emerged: (1) the importance of consistency and continuity of mental health support, (2) the role of individualized, holistic approaches, (3) the influence of environmental and programmatic fit, and (4) the value of collaboration and wrap-around services. Additionally, parents identified several perceived barriers, including fragmented communication, limited access to specialized providers, placement instability, and systemic limitations, which were considered in the interpretation of findings.

Qualitative Findings

Research Question 1

Does the intervention of mental health services for students diagnosed with comorbid mental health disorders and Autism Spectrum Disorder help to manage and/or decrease challenging behaviors in the educational environment?

Analysis of the interview data revealed that parents in both Case 1 and Case 2 observed measurable changes in their children's behavioral functioning following the introduction of consistent mental health interventions. Although the nature and extent of improvement varied across participants, both cases demonstrated that targeted mental health supports contributed to enhanced self-regulation, reduced frequency of maladaptive behaviors, and increased engagement within educational settings.

Case 1

The Parent reported that mental health interventions produced notable improvements in emotional regulation and behavior management, particularly during periods of consistent therapeutic engagement. The child's combination of diagnoses—including ASD, ADHD, anxiety, depression with suicidal ideation, and ARFID—resulted in complex and interrelated behavioral challenges such as aggression, noncompliance, and avoidance behaviors. Through the integration of multiple interventions—including cognitive-behavioral therapy (CBT), intensive outpatient programming, medication management, speech and occupational therapy, and a food exploration program—the parent observed incremental but meaningful behavioral progress.

The parent emphasized that periods of stability and improvement coincided with access to consistent mental health supports. For instance, following participation in the partial hospitalization program, the child exhibited a reduction in self-injurious and oppositional behaviors and demonstrated improved coping mechanisms when encountering academic or sensory stressors. However, the parent also noted that lapses in therapeutic intensity or environmental transitions (e.g., returning to the district school) often correlated with behavioral regression. Ultimately, while the interventions were beneficial in addressing core mental health

symptoms, sustained improvement in behavioral outcomes required continuity of care and individualized support that extended across home and school contexts.

Case 2

In contrast, the parent of Child 2 described a more gradual but sustained improvement in behavior following targeted mental health and behavioral supports within a specialized educational setting. The child, diagnosed with ASD, anxiety, depression, and oppositional defiant/noncompliant behaviors, had experienced significant behavioral challenges in prior placements, including defiance, withdrawal, and difficulty following structured routines. After transitioning to a school operated by a licensed psychologist, the parent reported marked behavioral and emotional gains.

The parent attributed these improvements to the structured behavioral supports embedded within the program, the expertise of staff trained in both behavioral and mental health interventions, and the individualized therapeutic approach that emphasized emotional regulation, self-awareness, and reinforcement of positive behaviors. The consistency of expectations and the integrated approach to mental health and academic instruction were key factors cited by the parent as contributing to the child's progress.

Cross-Case Themes

Across both cases, several common themes emerged regarding the influence of mental health interventions on behavioral outcomes. Analysis of both cases revealed several common themes regarding how mental health interventions influenced challenging behaviors. Parent interviews provided rich qualitative detail illustrating the importance of consistency,

individualized supports, and appropriate educational environments. The following subsections integrate transcript excerpts to demonstrate how these themes emerged from participant narratives.

1. **Consistency and Continuity of Support:** Periods of behavioral improvement were closely linked to sustained, coordinated mental health interventions that involved both school-based and community-based providers. Both in Case 1 and Case 2, the parents emphasized that behavioral improvement occurred during periods when mental health services were consistent, coordinated, and sustained. Breaks in services or inconsistent provider involvement often led to regression.

   Supporting Transcript Excerpts

   Case 1:

   "When he was going every week—therapy, meds, outpatient—all of it working together— we saw the biggest changes. But the minute something changed or therapy stopped for a while, everything fell apart again." (Parent 1, Interview Transcript, 2025)

   Case 2:

   "He needs routine. When counseling happened regularly and everyone was on the same page, he held it together better. If the services dropped off, the behaviors came right back." (Parent 2, Interview Transcript, 2025)

   These excerpts illustrate that continuity of intervention—not simply access to services—was essential to sustained behavioral improvement.

2. **Holistic and Individualized Approaches:** Interventions that addressed not only behavioral symptoms but also underlying mental health and emotional regulation needs were perceived as most effective. Parents repeatedly described the need for whole-child intervention, addressing not just behavior but underlying anxiety, depression, sensory needs, and emotional regulation.

   Supporting Transcript Excerpts

   Case 1:

   "His behaviors weren't just 'not listening.' They were him being overwhelmed, anxious, or scared. The therapy that worked looked at all of that, not just the outbursts." (Parent 1, Interview Transcript, 2025)

   Case 2:

   "What helped most was when they treated the emotional part, not just the behavior. Once they focused on his anxiety and not just his defiance, he calmed down." (Parent 2, Interview Transcript, 2025)

   These statements reinforce that parents viewed challenging behaviors as manifestations of unmet emotional or mental health needs, validating holistic treatment models

3. **Environmental Fit:** Both families emphasized that success depended heavily on placing their child in an environment equipped to meet both behavioral and mental health needs. Traditional school settings often lacked this capacity.

   Supporting Transcript Excerpts

Case 1:

"The regular school just wasn't set up for him. They tried, but they didn't understand his mental health. When he was somewhere with trained staff, the behaviors went way down." (Parent 1, Interview Transcript, 2025)

Case 2:

"This school works because it's built for kids like him. They know autism and mental health. In the other schools, he was always in trouble. Here, he finally feels safe." (Parent 2, Interview Transcript, 2025)

These excerpts highlight that behavioral progress was strongly tied to environmental alignment—specifically, settings that provided structure, therapeutic expertise, and emotional safety.

4. **Collaboration and Wrap-Around Supports:** Parents identified collaboration among teachers, therapists, mental health providers, and families as a critical factor influencing behavioral regulation and overall progress.

Supporting Transcript Excerpts

Case 1:

"When the school talked to his therapist and we all followed the same plan, things were so much better. When nobody communicated, the behaviors just exploded." (Parent 1, Interview Transcript, 2025)

Case 2:

"What helped most was everyone working together. The psychologist, the teacher, us at

home—when the plan was consistent, he had fewer meltdowns." (Parent 2, Interview Transcript, 2025)

These excerpts demonstrate that wrap-around, team-based approaches created consistency across environments, reducing behavioral escalation.

Overall, the findings from both cases support the premise that mental health interventions can contribute significantly to the reduction and management of challenging behaviors among students with ASD and comorbid mental health disorders. The degree of improvement, however, appears contingent upon the consistency of services, the degree of collaboration among professionals, and the appropriateness of the educational placement. The transcript excerpts confirm four major themes that emerged from parent interviews:

1. The consistency of services produced observable behavioral improvements.
2. Holistic, individualized interventions—rather than behavior-only strategies—addressed underlying emotional needs.
3. Appropriate educational environments with trained staff significantly moderated challenging behaviors.
4. Collaborative, wrap-around support systems increased the effectiveness of mental health interventions.

These themes illustrate that mental health interventions were beneficial not simply because they existed, but because their quality, continuity, and contextual alignment shaped their impact on students' behavioral outcomes.

Research Question 2

Does mental health support and intervention help to decrease time out of class for discipline-related concerns?

The second research question examined whether mental health interventions contributed to reducing time out of class due to disciplinary issues. Both case study participants described patterns of behavioral escalation that had previously resulted in frequent removals, disciplinary interventions, or school placement changes. However, both parents reported that the introduction of consistent and structured mental health supports corresponded with observable decreases in the frequency and intensity of incidents that led to time out of class.

Case 1

Parent 1 reported that before the introduction of comprehensive mental health services, the child experienced frequent disciplinary removals and missed instructional time due to behavioral crises. Episodes of noncompliance, aggression, and emotional dysregulation often necessitated removal from the classroom to de-escalate behaviors or protect the child's safety. Following participation in mental health interventions—including cognitive-behavioral therapy, intensive outpatient treatment, and medication management—the parent noted a gradual reduction in these incidents.

The parent explained that while the child continued to struggle with behavioral regulation, the strategies taught through therapy (e.g., coping techniques, self-monitoring, and cognitive reframing) enabled him to remain in the classroom for longer periods before escalation occurred. Additionally, coordination between mental health providers and school staff improved

the school's ability to recognize early signs of distress and implement preventative de-escalation supports. Despite eventual withdrawal to home schooling, the parent emphasized that when consistent supports were in place, the child's time out of class decreased significantly compared to earlier school years.

Case 2

Parent 2 reported a similar trajectory in which behavioral and disciplinary incidents declined following the integration of mental health and behavioral supports. In prior placements, the child frequently missed class due to defiance, oppositional behaviors, and emotional withdrawal. However, since transitioning to a school operated by a psychologist, the parent described a notable decrease in both behavioral incidents and disciplinary removals.

The parent attributed this improvement to the individualized behavioral interventions embedded in the school's daily structure, including proactive emotional check-ins, positive behavior supports, and on-site access to mental health professionals. The parent emphasized that these strategies allowed the child to address emotional distress before behaviors escalated to the point of requiring removal. Over time, the child demonstrated increased classroom endurance and tolerance for frustration, resulting in fewer lost instructional hours.

Cross-Case Themes

Analysis across both cases revealed three primary themes related to reductions in disciplinary removals. These themes are supported by direct excerpts from parent interview transcripts, which illustrate how mental health interventions influenced students' ability to remain in the classroom.

1. **Preventative Intervention Through Emotional Regulation -** Parents in both cases emphasized that providing students with emotional-regulation strategies and mental health supports significantly reduced the frequency of behavioral escalations that previously resulted in classroom removal. When students were taught coping strategies—such as identifying emotional triggers, requesting breaks, or using self-calming techniques—they were better able to maintain behavioral control within the instructional environment.

For example, Parent 1 explained how therapy improved her son's capacity to self-monitor and avoid escalation:

"Before counseling, he would go from zero to a hundred in minutes. But once he learned the coping strategies—deep breathing, asking for a break—he could catch himself before it got that bad. That meant he didn't have to be pulled out of class nearly as much" (Parent 1, Interview Transcript, 2025).

Similarly, Case 2 highlighted that emotional-regulation strategies taught by the psychologist at the child's placement reduced disciplinary removals:

"They work on emotional regulation every day. He checks in with the therapist in the morning, and if he starts getting overwhelmed, he's able to use the quiet space instead of getting sent out. That never happened at the other schools"
(Parent 2, Interview Transcript, 2025).

These statements demonstrate that preventative regulation strategies helped students maintain classroom engagement, aligning with the broader literature

emphasizing the importance of self-regulation as a foundation for behavior stability (e.g., Mazefsky et al., 2013).

2. Collaborative School-Based Supports

A second theme centered on the role of collaborative problem-solving between educators, mental health professionals, and parents. Improved communication allowed staff to intervene earlier and with greater consistency, which parents credited for reducing the frequency of behavioral incidents that resulted in disciplinary time.

Case 1 described how coordination between the school and mental health providers led to earlier and more effective intervention:

"Once the school and his therapist actually started talking to each other, everything changed. They knew what signs to watch for. Instead of waiting for him to explode, they stepped in early. That kept him in class way more often"
(Parent 1, Interview Transcript, 2025).

Likewise, Case 2 indicated that collaboration contributed directly to reduced removals:

"The psychologist talks with the teachers every day. They're all on the same page. Because of that, he hardly ever gets taken out of class now"
(Parent 2, Interview Transcript, 2025).

This theme supports existing findings that multidisciplinary collaboration reduces behavioral escalation and improves continuity of support for students with ASD (Brookman-Frazee et al., 2009).

3. Therapeutic Learning Environments

The third theme emphasized the importance of school environments that integrate mental health supports into daily routines. Parents reported that therapeutic settings—those with consistent expectations, predictable structure, trauma-informed staff, and on-site mental health professionals—significantly reduced the likelihood of students being removed from class.

Case 2 reflected:

"This is the first school where he feels safe. The routine is predictable, and the staff understands autism *and* mental health. Because of that, he isn't melting down all the time, and he stays in class" (Parent 2, Interview Transcript, 2025).

Case 1 echoed this sentiment when describing the child's progress during periods when therapeutic services were embedded in the school environment:

"When he was in the therapeutic school, everything was structured around helping him manage his anxiety and frustration. That's when he stayed in class the most" (Parent 2, Interview Transcript, 2025).

These descriptions align with research indicating that therapeutic educational environments improve emotional regulation and reduce disruptive behaviors among students with ASD and comorbid disorders (Otten & Tuttle, 2016).

Overall, the qualitative findings demonstrate that mental health support plays a pivotal role in reducing disciplinary removals for students with ASD and comorbid mental health conditions. When emotional-regulation strategies are taught, when schools collaborate effectively with families and mental health providers, and when students are placed in environments designed to support their needs, they display improved behavioral stability and significantly reduced time out of class.

These results provide strong support for integrating comprehensive mental health interventions within educational settings as part of a coordinated, whole-child approach (National Association of School Psychologists, 2020).

Research Question 3

Does mental health support and intervention keep students in their current placement and lessen the incidence of alternative placements due to behaviors?

The third research question explored whether access to mental health supports influenced the stability of educational placements for students with Autism Spectrum Disorder (ASD) and co-occurring mental health diagnoses. Both case study participants had histories of multiple school placements resulting from behavioral challenges that interfered with academic engagement and classroom safety. Parents described the interplay between behavioral crises,

school responses, and the role of mental health interventions in promoting or maintaining placement stability.

Case 1

For Child 1, educational placement instability was a recurring theme throughout the student's academic history. The parent reported that prior to comprehensive intervention, the child's escalating behavioral and emotional challenges—including aggression, self-injury, and refusal behaviors—often exceeded the school's capacity for support. These difficulties led to temporary removals, alternative programming, and ultimately a transition to a specialized educational setting through the Ohio Autism Scholarship.

During the period in which the child received intensive mental health supports—including partial hospitalization, medication management, and therapeutic interventions—the parent noted improved regulation and a reduction in severe behavioral episodes. These improvements facilitated a successful transition back to the district setting, demonstrating the potential of coordinated mental health supports to stabilize educational placement. However, the parent also shared that when the intensity of services decreased and stressors increased, behavioral challenges resurfaced, eventually leading the family to withdraw the child for home schooling during the 11th-grade year.

The parent's account underscores both the potential and the limitations of mental health intervention in maintaining placement stability. Sustained progress was linked to continuity of services and collaboration between mental health and educational providers, while lapses in coordination often resulted in regression and renewed placement challenges.

Case 2

The parent of Child 2 described a more sustained improvement in placement stability following targeted behavioral and mental health interventions. The child had previously experienced two placement changes resulting from noncompliance, defiance, and difficulty adapting to traditional school structures. These earlier environments lacked the specialized mental health supports necessary to address the underlying emotional and behavioral needs associated with the child's diagnoses of ASD, anxiety, depression, and oppositional defiance.

After transitioning to a specialized school operated by a psychologist, the parent observed a marked improvement in both behavior and placement stability. The therapeutic and structured nature of the environment—along with consistent access to mental health professionals—allowed the child to remain successfully placed for an extended period, marking the longest duration of stability in the child's educational history. The parent attributed this success to the integration of emotional regulation strategies, consistent expectations, and staff expertise in both autism and mental health intervention.

Cross-Case Themes

Analysis across both parent interviews revealed three central themes connected to educational placement stability; the importance of continuity and intensity of mental health services, the need for alignment between student needs and the educational environment, and the role of systemic collaboration across home, school, and mental health systems. Transcript excerpts from both parents support these themes.

1. **Continuity and Intensity of Services**

Both parents emphasized that placement was most stable during periods when mental health interventions were consistent, ongoing, and accessible, and most unstable when services were fragmented or inconsistent. Parent 1 described noticeable improvement in school placement stability after the introduction of consistent therapy and psychiatric care:

- "When he was in regular therapy every week and the medication was stable, he could stay in school longer without the big blow-ups" (Parent 1, Interview Transcript, 2025).
- "Every time services stopped or changed, we would see the behaviors spike again, and that's when the school started talking about moving him" (Parent 1, Interview Transcript, 2025).

This parent noted that the district placement broke down when therapeutic intensity decreased, which contributed to withdrawal from the school. Parent 2 provided similar statements describing the role of steady mental health supports:

- "They finally kept him in one place once the psychologist's program put actual mental health support into the school day" (Parent 2, Interview Transcript, 2025).
- "Before that, every placement ended the same way—with him getting kicked out because there wasn't enough help" (Parent 2, Interview Transcript, Lines 2025).

These statements directly support the conclusion that consistent access to mental health intervention reduces the likelihood of placement breakdown.

2: Alignment Between Needs and Environment

Parents repeatedly expressed that placement stability depended heavily on whether the educational environment was structured to meet both ASD-related needs and mental health needs. In Case 2, the parent explained that previous placements failed because they lacked staff with the training or resources to address the child's combined ASD and mental health challenges:

- "His old school just didn't know what to do when the anxiety kicked in. They treated it like defiance, and that's when he got removed" (Parent 2, Interview Transcript, 2025).

However, the specialized placement created by a licensed psychologist led to improved stability:

- "This is the first school where he hasn't been removed. They understand both autism and the anxiety and depression part. That makes all the difference." (Parent 2, Interview Transcript, 2025).

Parent 1 echoed similar concerns about environmental mismatch:

- "The district setting didn't have the therapeutic support he needed. It wasn't a bad school—just not the right fit for his mental health needs" (Parent 1, Interview Transcript, 2025).

These excerpts illustrate that placement stability increases when the environment matches the student's therapeutic, sensory, and emotional regulation needs, and decreases when the environment cannot support these needs.

3. Systemic Collaboration

Both parents described collaboration among school staff, therapists, medical providers, and families as essential to maintaining stability. Parent 1 described periods of strong cross-system collaboration as times when placement held firm:

- *"*When the school, therapist, and psychiatrist were all on the same page, those were the months he stayed in school the most" (Parent 1, Interview Transcript, 2025).
- "We only had problems when nobody talked to each other" (Parent 1, Interview Transcript, 2025).

Parent 2 also stressed the necessity of communication:

- "This school actually calls his therapist. They share ideas. That's why he's finally staying somewhere longer than a year" (Parent 2, Interview Transcript, Lines 205).

These statements reinforce the conclusion that placement stability improves when communication is proactive, regular, and coordinated, and that system fragmentation is associated with placement failure.

The transcript data across both cases clearly support the cross-case themes for Research Question 3:

1. Stable, continuous mental health care promotes placement stability.

2. Educational environments aligned with ASD and mental health needs reduce removal and transitions.
3. Systemic collaboration among all providers is essential for maintaining placements.

These findings further reinforce the need for integrated, wrap-around mental health models in school settings serving students with ASD and co-occurring mental health conditions.

Collectively, these findings suggest that mental health supports can play a significant role in promoting placement stability for students with ASD and comorbid mental health diagnoses. However, the effectiveness of such interventions depends on their continuity, the appropriateness of the educational environment, and the degree of systemic collaboration among professionals and families. The results reinforce the importance of holistic, wrap-around models that integrate mental health services into educational programming to prevent behavioral escalation and maintain students in the least restrictive and most supportive learning environments possible.

Major Themes

Analysis of the interview data revealed several major themes that emerged across both case studies. These themes represent recurring patterns in parent perceptions of how mental health interventions influenced behavioral outcomes, disciplinary experiences, and placement stability for students with Autism Spectrum Disorder (ASD) and comorbid mental health diagnoses. The major themes that surfaced were: (1) the importance of consistency and continuity of mental health support, (2) the role of individualized, holistic approaches, (3) the influence of environmental and programmatic fit, and (4) the value of collaboration and wrap-

around services. Each of these themes contributed to understanding the relationship between mental health intervention and student outcomes within the educational setting.

1: Consistency and Continuity of Mental Health Support

Both parents emphasized that the effectiveness of mental health interventions was directly related to the consistency and duration of services. Behavioral and emotional improvements occurred when supports such as counseling, medication management, or intensive outpatient therapy were maintained over time. Conversely, lapses in service provision or disruptions in care were frequently followed by regression in behavior and increased school difficulties. Parents described that their children functioned best when therapeutic strategies were reinforced across home, school, and clinical environments. This theme underscores the importance of sustained, coordinated intervention as a foundation for behavioral stability and academic engagement.

2: Individualized and Holistic Approaches

Parents consistently identified the need for individualized, whole-child approaches that addressed not only behavior but also underlying emotional and mental health needs. Interventions that incorporated therapeutic, behavioral, and sensory supports were perceived as most effective. In both cases, strategies that integrated counseling, occupational therapy, speech therapy, and behavioral reinforcement contributed to meaningful progress. Parents reported that when interventions focused narrowly on compliance or discipline without addressing mental health components, behavioral challenges persisted. The effectiveness of holistic programming highlighted

the necessity of treating behavioral manifestations as expressions of emotional or psychological distress rather than as isolated conduct issues.

3: Environmental and Programmatic Fit

The educational setting emerged as a significant factor influencing the success of mental health interventions. Both families described that traditional school environments often lacked the structure, staffing, or therapeutic expertise needed to effectively manage complex behavioral and emotional needs. In contrast, specialized placements—particularly those with mental health professionals embedded in daily instruction—resulted in observable improvements in behavior and engagement. Parents attributed progress to consistent routines, emotional safety, and the expertise of staff who understood both ASD and mental health comorbidity. This theme highlights the critical importance of aligning student needs with the appropriate educational environment to promote success and reduce behavioral incidents.

4: Collaboration and Wrap-Around Support

Another key theme was the role of collaboration among educators, mental health professionals, and families. Both parents noted that improvements in their child's behavior and placement stability coincided with stronger communication between school staff and external providers. Collaborative planning—such as shared behavior plans, coordinated therapy goals, and regular communication—helped ensure consistency in expectations and interventions. Parents also described wrap-around supports, where therapeutic services extended beyond the classroom to include family involvement and community-based care, as particularly beneficial. This comprehensive coordination not

only strengthened behavioral outcomes but also reduced disciplinary removals and fostered a sense of shared responsibility among stakeholders.

Summary of Themes

Collectively, these themes demonstrate that mental health interventions can positively influence behavioral and educational outcomes for students with ASD and comorbid mental health disorders when they are consistent, individualized, and embedded within supportive environments. The findings further emphasize that collaboration among systems—educational, clinical, and familial—is essential to sustaining progress and preventing placement disruption. The integration of these elements forms the foundation for a holistic, wrap-around model of support that addresses the behavioral manifestations of mental health symptoms while promoting long-term educational stability.

Perceived Barriers

In addition to identifying the benefits of mental health interventions, parents described several barriers that limited the consistency, effectiveness, and sustainability of these supports within educational settings. These perceived barriers included (1) fragmented communication and service coordination, (2) limited availability of specialized mental health providers within schools, (3) placement instability and transition challenges, and (4) systemic limitations related to funding and program accessibility. Collectively, these barriers influenced the degree to which mental health interventions could be effectively implemented and maintained, ultimately impacting student outcomes:

1. Fragmented Communication and Service Coordination

Both parents reported that one of the most significant challenges was the lack of consistent communication between schools, external mental health providers, and families. Despite the presence of qualified professionals in each system, parents described that collaboration often occurred reactively—after behavioral incidents—rather than proactively through coordinated planning. For example, one parent noted that school staff were sometimes unaware of medication adjustments or therapeutic recommendations, which led to inconsistent behavioral strategies across environments. The absence of integrated communication systems prevented a unified approach to intervention, reducing the overall effectiveness of services and increasing stress for both students and families.

2. Limited Access to Specialized Mental Health Providers

Parents emphasized the scarcity of school-based personnel with expertise in both autism and co-occurring mental health disorders. They observed that many educators and school counselors lacked the training necessary to differentiate between behavioral symptoms of ASD and manifestations of anxiety, depression, or other mental health conditions. As a result, interventions often focused primarily on behavior management rather than addressing the underlying emotional or psychological factors contributing to maladaptive behavior. The parent of Child 2 specifically highlighted that previous school placements lacked access to mental health professionals who could provide ongoing

therapeutic support, which contributed to behavioral escalation and eventual placement change.

3. Placement Instability and Transition Challenges

Both families experienced multiple school transitions due to behavior-related concerns. Parents described these transitions as emotionally disruptive and counterproductive to behavioral progress. Each new placement required time for the child to adjust to unfamiliar routines, expectations, and staff, often leading to regression before improvement occurred. The parent of Child 1 explained that even after successful intervention in a specialized program, returning to the district school was challenging because the level of therapeutic support was not equivalent. Placement instability emerged as both a symptom of unmet needs and a barrier to sustained progress, underscoring the importance of continuity across educational environments.

4. Systemic Limitations and Accessibility of Services

Finally, parents identified systemic barriers related to funding, eligibility, and program accessibility. Although the Ohio Autism Scholarship provided critical support for alternative placements, parents noted that navigating the application process and coordinating between agencies was complex and time-intensive. Additionally, certain therapeutic programs—such as intensive outpatient or partial hospitalization—required transportation, scheduling flexibility, or insurance coverage that posed additional burdens on families. These systemic obstacles often delayed the start of interventions or interrupted their continuity, limiting the potential for long-term success

Overall, parents perceived that while mental health interventions significantly improved behavioral and educational outcomes, systemic and structural barriers impeded full implementation. Inconsistent communication, insufficient school-based expertise, frequent placement changes, and systemic obstacles in accessing services collectively hindered the sustainability of positive outcomes. These findings suggest that effective intervention requires not only high-quality mental health support but also integrated systems of communication, sustained provider collaboration, and structural reforms that improve access to and continuity of care.

Summary of Qualitative Findings

This chapter presented the results of the qualitative case study examining the experiences of two male students with Autism Spectrum Disorder (ASD) and comorbid mental health conditions, as well as the perceptions of their parents regarding the effects of mental health interventions on behavior, disciplinary outcomes, and placement stability. Analysis of the interview data revealed a range of insights that can be organized into two overarching categories: major themes and perceived barriers. These findings from two case studies examining the impact of mental health interventions on challenging behaviors, disciplinary outcomes, and educational placement stability among students diagnosed with Autism Spectrum Disorder (ASD) and comorbid mental health conditions. Across both cases, parents described significant behavioral, emotional, and educational challenges prior to the implementation of consistent mental health support. The introduction of therapeutic interventions—such as counseling, cognitive-behavioral therapy (CBT), medication management, and specialized behavioral programming—was associated with reductions in maladaptive behaviors, fewer disciplinary removals, and greater placement stability.

For Research Question 1, both parents reported improvements in behavioral regulation and emotional coping as a result of targeted mental health interventions, though the degree of progress was influenced by service consistency and environmental fit. For Research Question 2, findings indicated that integrated mental health and behavioral supports helped reduce time out of class by providing students with strategies to manage distress and by fostering proactive collaboration between educators and mental health professionals. For Research Question 3, placement stability was closely linked to the continuity and appropriateness of interventions. When support was comprehensive, sustained, and tailored to individual needs, students were more likely to remain in their placements and experience educational success.

The major themes highlighted the factors that facilitated positive outcomes. Consistency and continuity of mental health support were critical for behavioral regulation and emotional stability. Individualized and holistic approaches, which addressed both behavioral symptoms and underlying mental health needs, were most effective in promoting student engagement. The alignment of environmental and programmatic supports with student needs fostered success in educational placements, while collaboration and wrap-around services among families, schools, and mental health providers enhanced intervention effectiveness and reduced behavioral incidents.

Conversely, several perceived barriers limited the impact and sustainability of interventions. Fragmented communication and service coordination between schools, families, and external providers reduced consistency in behavioral support. Limited availability of specialized mental health providers within schools impeded the ability to address complex needs effectively. Placement instability and transition challenges disrupted progress, while systemic

obstacles related to funding, eligibility, and program accessibility delayed or interrupted interventions.

Conclusion

Taken together, these findings suggest that mental health interventions can meaningfully improve behavioral outcomes, reduce disciplinary removals, and support placement stability when implemented within coordinated, consistent, and contextually appropriate systems. However, the effectiveness of these interventions is highly dependent on addressing systemic and structural barriers that interfere with continuity of care.

Overall, the findings suggest that mental health interventions—when implemented through a collaborative, wrap-around framework—can meaningfully improve behavioral outcomes, reduce disciplinary exclusion, and promote sustained placement for students with ASD and co-occurring mental health disorders. However, the results also highlight the need for ongoing consistency, communication across systems, and educational environments capable of meeting both behavioral and mental health needs. The following chapter will interpret these findings in the context of existing literature, discuss their implications for practice and policy, and provide recommendations for educators, mental health providers, and researchers seeking to optimize support for students with ASD and comorbid mental health diagnoses.

CHAPTER 5

Conclusions and Recommendations

Summary of the Study

The purpose of this qualitative case study was to examine the influence of mental health interventions on behavioral outcomes, disciplinary involvement, and placement stability for students diagnosed with Autism Spectrum Disorder (ASD) and co-occurring mental health conditions. Specifically, the study explored the experiences of two families whose children had complex behavioral and mental health needs and had utilized the Ohio Autism Scholarship to access alternative educational placements. Semi-structured interviews with parents provided rich qualitative data regarding the perceived impact of mental health supports, the challenges encountered in accessing and implementing interventions, and the interplay between behavioral management and educational placement decisions.

This study was guided by three research questions:

1. Does the intervention of mental health services for those students diagnosed with comorbid Mental Health Disorders and Autism Spectrum Disorder help to manage and/or decrease challenging behaviors in the educational environment?
2. Does mental health support and intervention help to decrease time out of class for discipline-related concerns?
3. Does mental health support and intervention keep students in their current placement and lessen the incidence of placing students in alternative placements due to behaviors?

The findings presented in Chapter 4 highlighted both the benefits and challenges associated with mental health interventions for this population. Parents reported improvements in behavioral regulation, emotional coping, and classroom engagement when interventions were consistent, individualized, and aligned with the child's needs. At the same time, barriers such as fragmented communication, limited school-based mental health expertise, placement instability, and systemic constraints influenced the overall effectiveness of supports.

The discussion that follows interprets these findings in the context of existing literature, examining how the results align with or extend current knowledge regarding behavioral and mental health interventions for students with ASD. This chapter also explores the implications of the findings for educational practice, policy, and future research, emphasizing strategies to enhance the delivery, continuity, and accessibility of mental health supports in school settings.

Summary of the Results

Research Question 1

Does the intervention of mental health services for students diagnosed with comorbid mental health disorders and ASD help to manage and/or decrease challenging behaviors in the educational environment?

The findings suggest that mental health interventions can play a meaningful role in managing and reducing challenging behaviors among students with ASD and comorbid mental health diagnoses. Both case study participants demonstrated improvements in emotional regulation, behavioral self-control, and coping strategies following consistent and structured

interventions, including cognitive-behavioral therapy (CBT), counseling, medication management, and specialized behavioral supports.

These results align with prior research indicating that comprehensive, individualized interventions that target both behavioral and emotional needs are effective in reducing maladaptive behaviors in students with ASD (Hastings & Brown, 2002; McClintock et al., 2003). The cross-case theme of consistency and continuity of mental health support underscores the importance of sustained intervention across home, school, and clinical contexts, which is supported by Flaspohler, Anderson-Butcher, and Wandersman's (2024) emphasis on coordinated, prevention-focused programs in Ohio schools.

However, the findings also illustrate that behavioral progress is contingent upon environmental and systemic factors. Fragmented communication and inconsistent implementation of therapeutic strategies were identified as barriers, demonstrating that even evidence-based interventions are less effective without collaborative planning and alignment among providers, families, and school personnel. This observation supports systems-based models of intervention, which highlight the necessity of coordinated care and multi-tiered support systems for students with complex needs (Dillenburger et al., 2012).

Research Question 2:

Does mental health support and intervention help to decrease time out of class for discipline-related concerns?

The study revealed that integrated mental health and behavioral supports were associated with reduced disciplinary removals and greater classroom engagement. Both parents reported

that proactive interventions, including emotional regulation strategies and individualized behavior plans, allowed students to address emotional distress before it escalated into behaviors requiring removal from the classroom. These findings are consistent with prior studies demonstrating that school-based mental health supports can decrease suspension and disciplinary incidents for students with ASD and other developmental disabilities (Oswald et al., 2016).

The theme of environmental and programmatic fit was particularly salient. Students were more successful in settings where staff were trained in both ASD and mental health supports, routines were predictable, and emotional safety was prioritized. These findings highlight the critical role of specialized programming and therapeutic school environments in preventing behavioral crises, as suggested by Flaspohler et al. (2024). Yet, barriers such as limited availability of trained personnel and fragmented communication occasionally undermined the effectiveness of interventions, illustrating that reducing time out of class is not solely dependent on the type of intervention but also on the fidelity and context of its implementation.

Research Question 3:

Does mental health support and intervention keep students in their current placement and lessen the incidence of alternative placements due to behaviors?

Placement stability emerged as a central outcome linked to the availability, consistency, and appropriateness of mental health interventions. Both participants experienced multiple prior placements due to behavioral challenges; however, sustained access to individualized and coordinated mental health supports contributed to improved placement stability. In particular, one child achieved prolonged stability in a school operated by a licensed psychologist,

demonstrating the potential of embedded mental health supports to prevent repeated placement disruption.

This finding supports the literature on wrap-around services and holistic, multi-system interventions, which emphasize that placement success is maximized when mental health, educational, and familial supports are integrated (Suter & Bruns, 2009). However, systemic barriers, such as gaps in funding, limited-service availability, and procedural complexities, were noted as factors that sometimes interrupted intervention continuity and contributed to placement transitions. These observations reinforce the notion that placement stability is influenced by both the quality of interventions and the structural and procedural supports available to sustain them.

Cross-Case Synthesis

Across all three research questions, four overarching insights emerge:

1. Sustained and coordinated mental health supports are essential for improving behavioral outcomes, reducing disciplinary incidents, and promoting placement stability.

2. Individualized, holistic approaches that address underlying mental health and emotional regulation needs are more effective than interventions that focus narrowly on compliance or behavior.

3. Alignment of the educational environment with student needs is critical; specialized, supportive settings enhance the likelihood of success.

4. Systemic and structural barriers—including fragmented communication, limited provider availability, placement transitions, and program accessibility—can impede the effectiveness of even well-designed interventions.

Together, these findings highlight the importance of integrating mental health services within educational systems through collaborative, wrap-around models that address the complex needs of students with ASD and co-occurring mental health diagnoses. They suggest that successful intervention requires not only evidence-based practices but also systemic coordination, environmental fit, and family engagement.

Limitations of the Study

While this study provides valuable insights into the experiences of students with Autism Spectrum Disorder (ASD) and comorbid mental health conditions, several limitations should be acknowledged.

Sample Size and Generalizability:

The study utilized a small, purposive sample consisting of only two participants. Although the case study design allowed for an in-depth exploration of parent perspectives and individualized experiences, the limited sample size constrains the generalizability of findings. The results may not be representative of all students with ASD and comorbid mental health diagnoses, particularly those in different geographic regions, educational settings, or with differing demographic characteristics.

Participant Selection and Perspective

Data were collected solely from the parents of the participants. While parents provided detailed and meaningful insights into their children's behavioral and educational experiences, the study did not include the perspectives of the students themselves, educators, or mental health providers. The absence of these additional viewpoints may limit the comprehensiveness of the findings and introduces the potential for parent-reported bias.

Retrospective Reporting

The study relied on retrospective accounts of interventions, behaviors, and educational experiences. Parental recollection may be subject to memory bias or selective reporting, which could affect the accuracy and completeness of the data. Additionally, changes in behavior or placement over time may have been influenced by multiple variables beyond mental health interventions, making it difficult to isolate causal relationships.

Contextual and Environmental Factors

The unique contexts of each child's educational placement, home environment, and access to mental health services likely influenced the outcomes reported. Variability in school resources, staff expertise, and systemic support may have affected the efficacy of interventions, limiting the ability to generalize findings to other educational settings or populations.

Scope of Intervention Analysis

Although the study explored the role of mental health interventions in managing behavior and supporting placement stability, it did not examine all potential influencing factors, such as peer relationships, academic programming, or social support outside the school environment.

The study's scope was therefore limited to parental perceptions of mental health interventions and their impact within educational contexts.

Despite these limitations, the study provides meaningful qualitative insights into the experiences of families navigating ASD and comorbid mental health conditions. These findings offer a foundation for future research and inform practical strategies to enhance behavioral and educational outcomes for this population.

Implications for Practice and Policy

The findings of this study have important implications for both educational practice and policy concerning students with Autism Spectrum Disorder (ASD) and comorbid mental health disorders. The analysis of parent experiences suggests that the integration of mental health supports within educational settings can significantly improve behavioral outcomes, reduce disciplinary removals, and promote placement stability. However, these outcomes are contingent upon several critical factors, including the consistency of services, alignment of interventions with student needs, and the structural capacity of schools to provide specialized supports.

Implications for Educational Practice

1. **Integration of Mental Health Supports in Schools:** Educators and school administrators should prioritize embedding mental health professionals, such as school psychologists, counselors, and behavioral specialists, within school settings. Providing

consistent, accessible, and evidence-based mental health supports can directly improve behavioral regulation and classroom engagement for students with ASD and co-occurring mental health conditions.

2. **Individualized, Holistic Intervention Planning:** Schools should implement individualized behavior support plans that address both behavioral manifestations and underlying mental health needs. Approaches that combine therapeutic interventions, skill-building, and academic supports—tailored to each student—are more likely to produce sustainable outcomes.
3. **Professional Development and Training:** Training for teachers and staff in both ASD-specific strategies and mental health interventions is essential. The findings highlight that educators' capacity to recognize and respond to mental health needs affects both behavioral outcomes and disciplinary processes. Ongoing professional development can enhance teacher efficacy and reduce burnout, thereby improving the educational environment for all students.

4. **Collaborative, Wrap-Around Models:** Schools should adopt collaborative frameworks that include families, educators, and external mental health providers in planning and implementing interventions. Such wrap-around approaches promote consistency across settings and strengthen the continuity of care, which is critical for reducing behavioral escalations and maintaining placement stability.

Implications for Policy:

1. **Funding and Resource Allocation:** Policymakers should ensure that sufficient funding is available to support school-based mental health services, including hiring qualified personnel, providing training, and facilitating access to specialized interventions. Financial support is essential to sustain interventions and reduce reliance on placement changes.
2. **Access to Specialized Educational Placements:** Policies that expand access to alternative or specialized educational settings, such as those funded through programs like the Ohio Autism Scholarship, are crucial for students whose behavioral and mental health needs cannot be adequately met in traditional school settings. Policy frameworks should ensure equitable access while minimizing administrative barriers.
3. **System Coordination and Communication:** Policies should encourage and facilitate interagency collaboration among schools, mental health providers, and families. Clear guidelines and protocols for communication, shared documentation, and coordinated planning can reduce service fragmentation and ensure consistent implementation of behavioral and mental health interventions.
4. **Monitoring and Accountability:** Establishing metrics for evaluating the effectiveness of mental health interventions within schools can help ensure that resources are utilized effectively. Policymakers should promote accountability mechanisms that monitor student outcomes, intervention fidelity, and placement stability.

By implementing these practice and policy strategies, schools and educational systems can create supportive environments that enhance the behavioral, emotional, and academic

outcomes of students with ASD and comorbid mental health diagnoses. These approaches not only benefit students but also support educators and families in navigating complex behavioral and mental health challenges.

Recommendations for Future Research

The findings of this study provide valuable insights into the role of mental health interventions in supporting students with Autism Spectrum Disorder (ASD) and comorbid mental health conditions; however, they also highlight several areas where additional research is needed. Given the complexity of behavioral and mental health needs in this population, future studies should explore strategies to optimize intervention effectiveness, expand placement stability, and improve systemic supports. The following recommendations are proposed:

1. **Larger, Multi-Site Studies:**

   This study focused on two case study participants, providing in-depth qualitative insights but limiting generalizability. Future research should involve larger, multi-site samples to examine whether the themes identified here are consistent across diverse educational settings, geographic regions, and student populations. Such studies could help validate the effectiveness of mental health interventions and identify factors that influence variability in outcomes.

2. **Longitudinal Research**

Given the role of consistency and continuity in intervention effectiveness, longitudinal research is recommended to examine the long-term impact of mental health supports on behavior, disciplinary outcomes, and placement stability. Tracking students over multiple academic years could provide insight into the sustainability of intervention effects and the influence of systemic and environmental changes on student outcomes.

3. **Comparative Studies of Intervention Models**

Future research should compare different models of mental health and behavioral interventions, including school-based, community-based, and integrated wrap-around approaches. Investigating the relative efficacy of various intervention strategies can inform best practices and guide the allocation of educational and therapeutic resources.

4. **Exploration of Systemic and Structural Barriers**

The perceived barriers identified in this study—such as limited access to specialized providers, fragmented communication, and procedural complexities—warrant further investigation. Future studies should examine the systemic and structural factors that impede intervention implementation and identify policy or administrative solutions to enhance continuity of care and placement stability.

5. **Focus on Family and Educator Perspectives**

Although this study captured parental perceptions, additional research could incorporate the perspectives of educators, school administrators, and mental health

professionals. Understanding the experiences and challenges of these stakeholders can inform more comprehensive, collaborative approaches to intervention design and implementation.

6. **Inclusion of Diverse Populations**

Future research should explore the experiences of students with ASD and comorbid mental health conditions across diverse socioeconomic, racial, and cultural backgrounds. Identifying potential disparities in access to services, intervention effectiveness, and placement stability can inform policies aimed at equity and inclusivity in educational and mental health support systems.

By addressing these areas, future research can expand the understanding of effective mental health interventions for students with ASD, guide evidence-based practice, and inform policy decisions that promote consistent, holistic, and equitable support for this population.

Conclusion

The purpose of this study was to examine the influence of mental health interventions on behavioral outcomes, disciplinary experiences, and placement stability for students diagnosed with Autism Spectrum Disorder (ASD) and co-occurring mental health conditions. Using a qualitative case study approach, interviews with parents of two students provided in-depth insights into the impact of mental health supports, as well as the challenges encountered in accessing and sustaining these interventions.

The findings demonstrated that mental health interventions, when delivered consistently, individually tailored, and embedded within supportive educational environments, can meaningfully improve behavioral regulation, reduce time out of class, and promote placement stability. Major themes emerged, including the importance of continuity of support, holistic and individualized approaches, alignment of the educational environment with student needs, and collaboration among families, educators, and mental health providers. At the same time, parents identified barriers such as fragmented communication, limited availability of specialized providers, placement transitions, and systemic constraints, which sometimes impeded the effectiveness and sustainability of interventions.

These results have significant implications for educational practice and policy. Schools should prioritize integrating mental health services, providing professional development, implementing individualized and holistic interventions, and fostering collaborative, wrap-around approaches. Policy initiatives should focus on expanding access to specialized placements, ensuring sufficient funding, promoting interagency coordination, and establishing monitoring systems to support the consistent delivery of interventions.

Finally, the study highlights several avenues for future research, including larger, multi-site studies, longitudinal investigations, comparative analyses of intervention models, and exploration of systemic barriers and diverse population needs. Collectively, the findings of this study contribute to the understanding of how mental health interventions can support students with ASD and comorbid mental health conditions, informing both practice and policy aimed at enhancing educational and behavioral outcomes.

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Appendix A: Protocol for Interview

The following is a list of questions from the interview of Families or Caregivers of students who have an Autism Spectrum Diagnosis and a co-morbid mental Health Diagnosis.

1. Does your student have an ASD Diagnosis? When/how were they identified?
2. Does your student also have a mental health diagnosis, such as anxiety, depression, OCD, etc?
3. How are the symptoms of these conditions managed? Clinically or through service providers?
4. How does your student regulate themselves?
5. Where does the student go to school? How long have they been there, and have there been any other placements?
6. How are behaviors managed in the school environment? Is it effective?
7. What services does your student receive?
8. Does the student have access to mental health support, such as counseling, instruction in mindfulness and coping skills, and medical care?
9. What helps your student regulate?
10. Who helps your student the most at school?
11. Does the student have any discipline incidents due to challenging behaviors that are related to ASD or a Mental Health Diagnosis?
12. How does the school manage behaviors and/or reactions to “big feelings”

13. Has there been a change of placement for the student due to challenging behaviors?
14. Does the student have access to mental health care through school or community services?
15. How have the students' behaviors changed since accessing mental health services?
16. Since starting mental health services, has the student been able to transfer back to a less restrictive environment?
17. What do you think would be the right blend of services to help your student be successful?

Appendix B

CONSENT TO PARTICIPATE IN CASE STUDY

Mental Health Interventions and Supports for Students with Autism Spectrum Disorder and Comorbid Mental Health Diagnoses

Michelle Ocilka-Yeckle, mmo1007@sru.edu (440)812-4394

Invitation to be Part of a Case Study

You are invited to participate in a case study. To participate, you must be a family member, guardian, or caregivers who have students with ASD and a mental health diagnosis who have been identified through their interaction with alternative placements and the use of The Autism Scholarship to fund IEP services outside the school district. Families or guardians will be selected for this program due to their willingness to engage with outside mental health services as part of their overall treatment. The Family's or caregivers' students will have comorbid mental health diagnoses along with ASD, such as anxiety, depression, attention deficit hyperactivity disorder, obsessive compulsive disorder, schizophrenia spectrum disorders, and/or eating disorders. The families or caregivers of these students will be the primary sources of information as the symptomatology of ASD notated a lack of communication and social skills, which may mean that students might have difficulties being accurate historians of their mental health states and symptoms, as well as have limited interaction with the decision-making process to remove them from their home school environments. . Participating in this case project is voluntary.

Important Information about the Case Study

Things you should know:

- The purpose of the study is to explore a Parent or Guardian's perspective on the efficacy of mental health intervention for their student as part of an overall educational plan. If you choose to participate, you are permitting us to participate in interviews through a case study.
- Risks or discomforts from this study are minimal, but may prompt psychological risks and self-reflection on past negative experiences.
- Taking part in this study project is voluntary. You do not have to participate, and you can stop at any time.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the Study About and Why are We Doing it?

This study aims to explore the impact of mental health interventions on managing challenging behaviors in students with Autism Spectrum Disorder (ASD) and comorbid mental health disorders. By employing a qualitative case study approach, this research seeks to gain in-depth insights into families' experiences navigating the complexities of education and mental health support for their children.

It is crucial to understand the role of mental health services in reducing behavioral issues, minimizing time spent outside the classroom due to disciplinary actions, and maintaining

student placements within their current educational settings. As educators and caregivers strive to support students in achieving their fullest potential, the findings from this study could inform the development of more effective strategies and interventions that address the unique needs of students with ASD and co-occurring mental health challenges.

What Will Happen if You Take Part in This Study?

If you agree to take part in this study, you are giving us permission to participate in interviews. Your answers will remain confidential and will not be shared.

How Could You Benefit from This Study?

Although you will not directly benefit from being in this study, ultimately, the goal is to create a more supportive and responsive educational environment that promotes student success and educator satisfaction. By highlighting the experiences of families engaging with mental health supports, the research will shed light on the importance of addressing both behavioral and mental health needs within school systems, potentially leading to better outcomes for all parties involved.

What Risks Might Result from Being in This Study?

You might experience some risks from being in this study. Discussing past experiences may carry psychological risks or trigger the recall of negative memories.

How Will We Protect Your Information?

We intend to publish the results of this study as part of a dissertation. To protect your privacy, we will not include information that could directly identify you.

We will protect the confidentiality of your research records by keeping all responses on a password-protected drive. Your name and any other information that can directly identify you will be coded and stored separately from the data collected as part of the project.

What Will Happen to the Information We Collect About You After the Study is Over?

We will not keep your data to use for future research or other purposes. Your data will be permanently deleted following the conclusion of the study. Your name and other information that can directly identify you will be kept secure and stored separately from the research data collected as part of the project.

What Other Choices do I Have if I Don't Take Part in this Study?

If you choose not to participate, there are no other choices. You can simply choose not to participate, nd the researchers will not contact you any further.

Your Participation in this Research is Voluntary

It is totally up to you to decide to be part of the case study research. Participating in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer. If you decide to withdraw before this study is completed, you can contact the researchers, and we will remove your information from the data collected.

Contact Information for the Study Team and Questions about the Research

If you have questions about this case study, you may contact

Dr. Ashlea Rineer-Hershey, principal investigator at a.rineer-hershey@sru.edu, or Michelle Ocilka-Yeckle, co-investigator, at mmo1007@sru.edu or 440-812-4394.

Contact Information for Questions about Your Rights as a Case Study Participant

If you have questions about your rights as a case study participant, or wish to obtain information, ask questions, or discuss any concerns about this study with someone other than the researcher(s), please contact the following:

Institutional Review Board

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