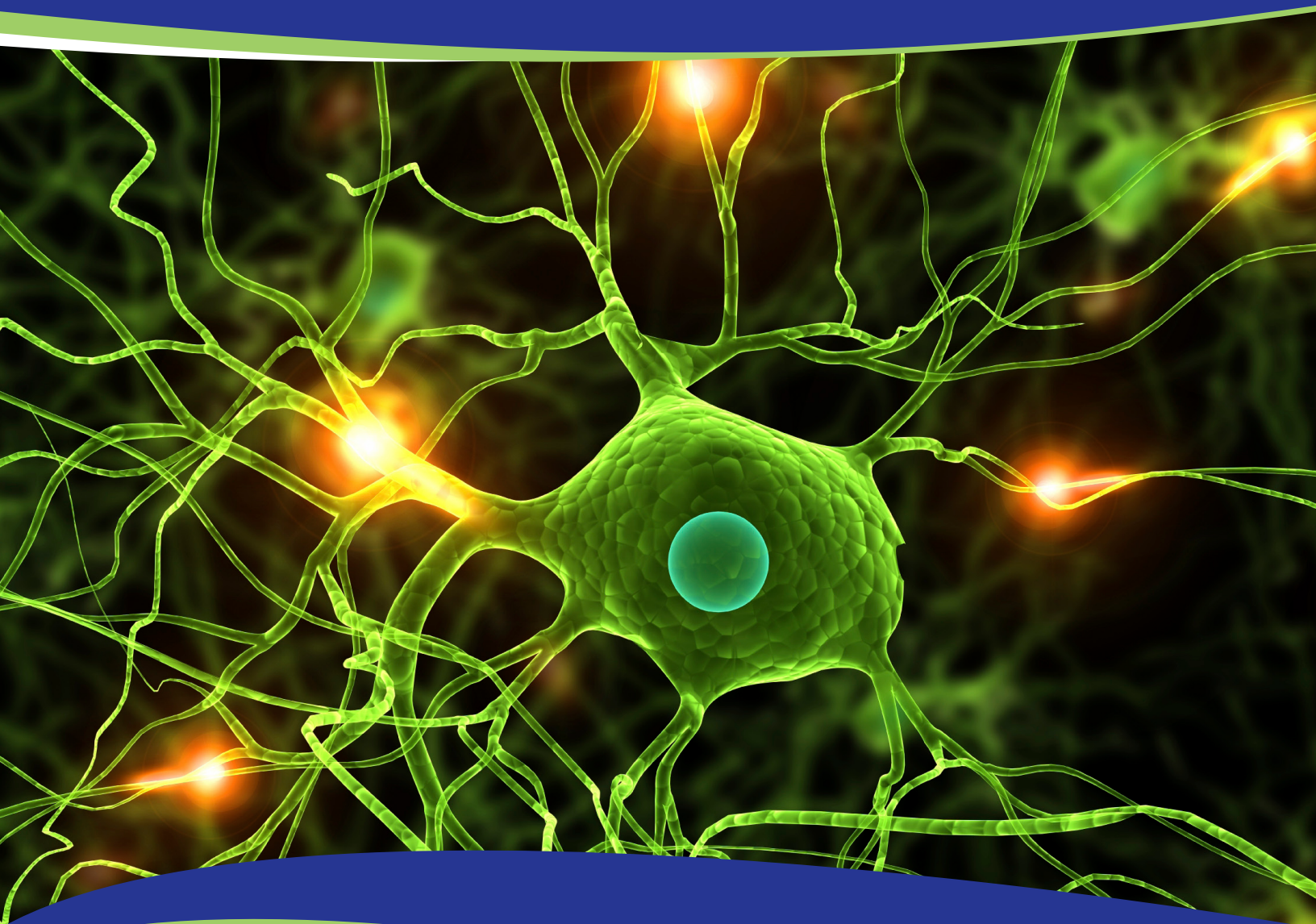




AUTISM & *Mental Health Issues*

*A guidebook on mental health issues affecting
individuals with Autism Spectrum Disorder*

Introduction to Autism & Mental Health



Autism is a neuro-developmental disorder that is typically diagnosed by age three and is a lifelong disability. It has an impact on three main areas in a person's life: social development, communication skills and restricted interests. As a spectrum disorder, autism can affect someone in mild to severe ways in these areas. In addition, we see sensory and behavioral differences that can become barriers to fully participating in one's education.

Students on the autism spectrum often have a co-existing mental health disorder that may be undiagnosed. Professionals have little information on this topic and frequently miss the signs and symptoms of a co-existing mental health disorder. Teachers are left unequipped in their classrooms to determine what is motivating their students with autism to behave in ways that challenge their education. The assumption of most people is that all behaviors are related to a student's autism diagnosis. This assumption will leave mental health issues that exist untreated and may, in fact, exacerbate symptoms.

The research indicates that mental health issues have a negative impact on academic

performance and sustainability. For example, studies have looked at students diagnosed with ADHD, pediatric bipolar disorder, depression and anxiety, and have found similar outcomes. Van Ameringen, Mancinia, and Farvoldenb (2003)¹ found that anxiety disorders are associated with a higher rate of early school withdrawal. Pavuluri, O'Connor, Harral, Moss and Sweeney (2006)² studied pediatric bipolar disorder and ADHD and noted that no difference between these two groups of students existed when looking at academic performance. Both groups experienced difficulties with attention, memory, and problem solving. All of these issues served to contribute to poor academic performance. Similarly, students diagnosed with depressive mood disorders have been related to lower academic achievement³. There is a high percentage of students diagnosed with Pervasive Developmental Disorder Not Otherwise Specified who have been determined to have a co-existing mental health issue.

The information contained in this document is to provide the reader with signs and symptoms of autism and mental health concerns, what educators need to know, managing a crisis, and resources that are available to support students, their families and educators.

Screening for Comorbid Psychiatric Conditions in Students with Autism Spectrum Disorders



ABOUT MENTAL HEALTH SCREENING

Mental health screening tools

A mental health screening tool is a brief, culturally sensitive questionnaire for identifying individuals who may have mental health challenges that merit further attention, intervention, or evaluation^{4,5}

- **Screening tools can serve three primary purposes:**
 1. Assess an individual's symptoms.
 2. Measure progress after intervention has begun.
 3. Provide a framework for discussing an individual's challenges.
- A screening tool is **not a diagnostic tool** but rather a "triage" process. A positive screen does not necessarily mean a student meets criteria for a diagnosis. Only a trained clinician is qualified to interpret screening results.

First steps in implementing the screening process⁶

- **Develop a planning committee** comprised of parents, educators, mental health experts, primary care providers, and other representatives from the community. The planning team will:
 - » **Develop policy** ensuring confidentiality safeguards are in place.
 - » **Draft agreements** between schools and collaborating community providers clarifying responsibilities in order to facilitate the collaborative process and address liability issues.
 - » **Ensure policies are approved** by appropriate education and mental health boards.
 - » **Determine when to administer** the screen (e.g., transitional grades: 6th–7th, and 9th–10th) and **what** tools to use.
 - » **Ensure adequate staff training** and supervision on **how** to administer, score, interpret the data, and refer to community providers, etc.
 - » **Identify a "Screening Coordinator"** (e.g., guidance counselor, nurse) who assumes responsibility for the screening process.
- **A list of recommended screening tools** can be found at <http://www2.massgeneral.org/schoolpsychiatry>. The majority of these screening tools have not been studied in individuals with ASD, and results should be interpreted cautiously. In

addition, the Autism Spectrum Disorder-Comorbid for Children (ASD-CC) is a 49-item informant based rating scale designed to identify emotional difficulties that commonly occur with ASD.

Important steps to remember when implementing and interpreting the screen

1. **Obtain parental consent and student assent** before administering screening.
2. **Administer screening** in a confidential area, and prioritize privacy of results.
3. **Remember clinical judgment can override results** from a screening assessment. A student who does not meet a particular cut-off score on a screening tool may still need further evaluation.
4. **Notify and offer assistance** in connecting parents of any student found to be in need of further evaluation with a local mental health professional.
5. **Immediately refer to a trained professional** any student who screens positive for suicidal or homicidal ideation.

NEXT STEPS

1. **Formulate a "Planning Team"** comprised of relevant individuals from school and community to develop confidentiality policy, formalize community liaisons, and make critical decisions about the screening process (e.g., when to screen and what tools to use).
2. **Ensure adequate staff training** on screening tool implementation, scoring, and interpretation.
3. **Designate contact person** within the school to oversee the screening process.
4. **Obtain parent consent and student assent** before administering screen.
5. **Make appropriate referrals** based on screening results, including immediate referral for positive screen for suicidal or homicidal ideation.

Signs of Possible Mental Health Conditions in Persons with Autism Spectrum Disorders



While the core deficits of autism have been well-studied, a less investigated cause of impairment in individuals with ASD is the occurrence of comorbid psychiatric disorders. Recent epidemiological studies have suggested that nearly three out of every four individuals with ASD meet criteria for another (comorbid) mental health disorder⁷. Unfortunately, comorbidities are often overlooked in the ASD population, with serious negative consequences on quality of life, school and family functioning, and access to appropriate treatment.

PREVALENCE OF MENTAL HEALTH ISSUES IN ASD

Research has consistently indicated that persons with ASD exhibit an **increased risk of developing psychiatric disorders**, when compared to the general population.

- Studies within the last decade reveal rates between 67% and 70.8%^{7,8} of individuals with ASD who would meet criteria for an additional mental health disorder described within the Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV)^{9,10}.
- Having a comorbid psychiatric condition significantly increases the risk of multiple diagnoses.
 - » 41% of the entire sample had 2 or more co-occurring disorders in addition to ASD, with 17% having 2 disorders and 24% having 3 or more⁷.
- Evidence also suggests that individuals with ASD may be twice as likely to exhibit comorbid disorders when compared to those with non-ASD intellectual or developmental disabilities^{11,12}.

Prevalence rates for the most common co-occurring psychiatric disorders:

One of the challenges to diagnosing comorbid psychiatric conditions in ASD is the result of specific exclusionary criteria within the DSM-IV diagnostic system^{9,10}.

- In the DSM-IV, a diagnosis of autism precludes making a formal diagnosis of a number of other psychiatric disorders, including Attention Deficit Hyperactivity Disorder (ADHD), Obsessive Compulsive Disorder (OCD) and Social Anxiety Disorder, thus making it impossible to receive a comorbid clinical diagnosis of these mental health conditions.

- This policy warrants reconsideration due to the large number of individuals with clinical symptoms in these areas and the implications for treatment that this presents.

ADHD

ADHD may be the **most common co-occurring psychiatric disorder** among children with ASD, occurring in approximately 50% of one sample⁸.

- Other studies have estimated rates as falling between 28.2% and 31%^{7,13}.
- The rate increased to nearly 55% when sub-threshold cases were included¹³.
- ADHD in combination with ASD may confer significantly increased risk for a more complicated symptom presentation; nearly 85% of individuals with comorbid ASD/ADHD met criteria for an additional disorder¹³.

Anxiety

Anxiety symptoms seem to be “part and parcel” of the everyday experience of many individuals with ASD, with a large number (over 40%) meeting DSM-IV criteria for specific anxiety conditions⁷. The most common anxiety diagnoses appear to be:

- **Specific Phobias or fears (44%)**—fear of specific objects, activities, or situations (e.g., heights, insects, the dark, storms, etc.).
- **Social Anxiety (29.2%)**—fear of being negatively evaluated in social situations.
- **Generalized Anxiety (13.4%)**—persistent, excessive, uncontrollable anxiety/worrying.
- **Panic Disorder (10.1%)**—recurrent panic attacks that are not associated with any specific stimuli.
- **Obsessive Compulsive Disorder (OCD)** is also very common, although rates in individuals with ASD have varied across studies from approximately 8% to more than 33%^{7,13}.
 - » However, some level of compulsive behavior may be observed in the majority (>85%) of individuals with ASD¹⁴ indicated that the vast majority (86%) of their sample exhibited some level of compulsive behavior.
- **Disorders which commonly co-occur with anxiety disorders** in the general population, including Tourette syndrome and other tic disorders, have also been observed in ASD.

Depression and Mood Disorders

Depression and Mood Disorders have produced the **most variable comorbidity rates of all the mental health conditions**, ranging from very rare (less than 1%) to upwards of 30%. More is known about prevalence rates of depression in ASD than is known about comorbidity with bipolar disorder.

- **Depression**

- » In one study, 10% of the children with autism had at least 1 episode of major depression meeting DSM-IV criteria¹³.
- » Rates for sub-threshold symptoms (a period of depression or irritability which did not meet DSM-IV depression/dysthymic disorder criteria) range from 11% to nearly 25%^{7,13}.
- » As in the general population, rates of mood/depressive disorders seem to increase in adolescence and adulthood, occurring in 25% and 30-37% of individuals, respectively^{8,15}.

- **Bipolar Disorder**

- » One study indicated that the prevalence of bipolar disorder was 3 times that of major depressive disorder, accounting for 75% of their sample of individuals with ASD and comorbid mood disorders¹⁵.
- » Family history of mood disorders in first- and second-degree relatives may exacerbate risk for developing bipolar disorder. Only 10.7% of individuals with ASD without a comorbid mood disorder had a family history of mood disorder, compared with 37.5% of those with comorbid ASD/mood disorder¹⁵.

Identification and treatment of mood disorders in ASD is critical, as research indicates that the presence of clinically significant depressive symptoms is linked to less optimal long term outcomes¹⁶.

FACTORS WHICH MAY INCREASE RISK FOR COMORBIDITY

Certain factors may play a role in increasing the likelihood of developing a comorbid disorder and may underlie the high prevalence rates of psychiatric conditions among individuals with ASD:

Associated medical conditions & syndromes

Individuals with ASD have additional comorbid medical conditions that are associ-

ated with psychiatric comorbidity.

- Examples include Fragile X syndrome (associated with hyperactivity and social anxiety), Prader-Willi syndrome (associated with compulsive behavior) and seizure disorders (which can be associated with aggression and/or anxiety).

Familial genetic factors

There is increasing evidence that the incidence of autism and mood disorders seem to cluster in families.

- Bipolar disorder might be more common in first- and second-degree relatives families with Asperger syndrome.
- An association between symptoms of OCD in parents of children with autism and repetitive and restricted behaviors in their children has also been observed¹⁷.

Psychosocial factors

These may also contribute to the development of comorbid psychiatric conditions, both in the general population and in individuals with ASD (e.g., peer rejection, low levels of social support, academic difficulties, etc.).

- **Individuals may be at increased risk** for encountering these psychosocial factors due to their social and communication deficits and behavioral patterns.
- **Cognitive and processing limitations** (such as problem-solving/coping skills) are often less well-developed in persons with ASD, which further increases their risk of adverse psychosocial experiences.
- **Many individuals with ASD are aware of their difficulties** and this awareness often increases during puberty. Awareness of one's "differentness" may underlie the development of anxiety and depression.

FACTORS WHICH MAY HINDER IDENTIFICATION AND DIAGNOSIS

Individuals with ASD often are under-diagnosed and therefore go untreated. Community professionals may face specific challenges in making an accurate diagnosis of psychiatric conditions among individuals with ASD. Some of the more common roadblocks to accurate diagnosis include:

- **Diagnostic Overshadowing:** this term refers to the tendency to attribute the development of new problems/behaviors

to the ASD condition itself (e.g., all challenging behaviors are attributed to the known disorder), effectively ruling out the possibility of the presence of another disorder.

- **Baseline exaggeration** is a related concept in which behaviors signaling the development of a psychiatric condition simply reflect an increase, or exacerbation of, long-standing behavioral difficulties. This increase in severity of challenging behaviors may be a communication of internal distress (agitation, depression, hypomania, anxiety) and is especially likely to occur for symptoms that commonly occur in autism, such as hyperactivity or obsessiveness.
- **Applicability of current diagnostic criteria to individuals with ASD is questionable**, particularly for those with intellectual disabilities and/or significant communication challenges. Symptoms may "look" different in individuals with ASD than they do in typically-developing individuals, while others cannot be evaluated as accurately in non-verbal or minimally-verbal persons with ASD.
 - » Since many diagnoses, such as depression and anxiety, rely in part on subjective complaints (feelings of sadness, restlessness, loss of pleasure, worries or intrusive thoughts), less-verbal individuals will often not meet diagnostic criteria.

These roadblocks to making comorbid diagnoses are especially dangerous because they limit access to psychiatric condition-specific treatment and may prevent the diagnosis and treatment of other serious psychological impairments. **Identification and treatment of comorbid disorders is associated with better long term outcomes than treating core symptoms of autism alone**¹³.

POTENTIAL INDICATORS OF AN UNDERLYING MENTAL HEALTH ISSUE IN INDIVIDUALS WITH ASD

This section describes common symptoms of specific psychiatric disorders in the general population, along with behaviors that may be noticed in an individual with ASD. It is important to note that symptoms of anxiety and mood disorders (depression/bipolar) often can only be recognized as deviations from previously exhibited behavior, especially when the individual's level of cognitive and/or language ability is limited and/or there is

no well-developed augmentative communication strategies.

ADHD

Symptoms of ADHD in the general population include the following main symptom “clusters”: hyperactivity, impulsivity, and inattention. Individuals can be diagnosed with 3 different “subtypes” of ADHD, based on which symptom cluster their behavior reflects.

1. **The predominantly hyperactive/impulsive subtype**, consists of symptoms such as interrupting others, blurting out answers, being “on the go,” difficulty sitting still and talking excessively.
2. **The predominantly inattentive subtype** is characterized by distractibility, forgetfulness, difficulty with sustaining focus on tasks or activities, organizational problems, and making careless errors.
3. **The combined subtype** includes symptoms from both hyperactivity/impulsivity and inattention.

Behaviors which may be observed in individuals with ASD:

- **All of the symptoms of ADHD** may be observed in a similar manner in individuals with ASD.
- However, children with ASD are significantly **more likely to exhibit the inattentive subtype** (rates of 65% in a recent ASD sample) and children without developmental disorder typically exhibit the combined subtype¹³.

Anxiety

- Our current diagnostic system contains a variety of specific anxiety disorders, which differ primarily in the object or source of the anxiety, as opposed to the specific symptoms displayed.
- All anxiety disorders result in avoidance of the source of anxiety, or experiences of extreme distress when the source is encountered.
- Symptoms can be physiological, behavioral and/or cognitive:
 - » **Physical reactions** include sleep difficulties (e.g., problems falling or staying asleep), muscle tension, being easily fatigued, headaches, stomachaches, shortness of breath, rapid heartbeat, and sweaty palms.
 - » **Cognitive symptoms** include difficulty concentrating (inattention) or having one’s mind go “blank,” worry

which is difficult to control and which occurs in a wide range of situations, activities and subjective feelings of restlessness or being “keyed-up” or “on edge” and/or irritability.

- » **Behavioral symptoms** include agitation (fidgeting, playing with objects, difficulty sitting still, pacing), difficulty separating from caregivers, avoidance of certain objects and/or activities or distress (freezing, crying, trembling) when these objects/activities are encountered.

Behaviors which may indicate an anxiety disorder in individuals with ASD:

- **Avoidance** of new people, tasks, environments and/or materials.
- Increases in **performance of rituals** and/or rigid and inflexible behavior.
- Increases in reliance to **rules or scripts**.
- Increases in **resistance to transitions** or changes to routine.
- Narrowing of **focus of attention** on special interest.
- **Withdraws from social situations** or begins to avoid social situations.
- **Low frustration tolerance** and/or tantrums when things don’t go “as expected.”
- **Perfectionistic behavior** (may be related to anxiety over performance).
- **Seeks constant reassurance** through repetitive questioning and/or checking behaviors.

In addition, the following may also differentiate the symptoms seen in individuals with ASD from those in the general population.

- **Specific phobias**¹³:
 - » Common phobias in typically developing children (such as fear of flying, stores, standing in lines, bridges, and tunnels) seem to occur at much lower rates in children with autism.
 - » The most common phobias in children with ASD (found in 32% of one sample) were fear of needles and/or shots and crowds.
 - » Over 10% of the children with autism also had a phobia of loud noises, which is not common in typically developing children.
- **Obsessive-compulsive disorder (OCD)**¹³:
 - » The most common type of compulsion in children with ASD was a ritual involving other individuals; nearly half of the children diagnosed with OCD had compulsions that involved others having to do things a certain way.

- » Another frequent compulsive behavior for children with ASD was the “need to tell/ask”, which typically involves having to ask the same question in extensive question-asking rituals or having to say the same statement over and over.

Depression

- The most essential features of major depression in DSM-IV are change of mood and loss of interest. Depressed mood is typically indicated by either subjective report (e.g., feels sadness or emptiness) or observation made by others (e.g., appears tearful or irritable).
- Additional symptoms include: feelings of lethargy, fatigue, or loss of energy, changes in sleep and/or eating habits (either too much or too little), reported feelings of worthlessness or excessive or inappropriate guilt, difficulty concentrating or indecisiveness, and recurrent thoughts of death, suicidal thoughts, suicide attempts or plans for committing suicide.
- In individuals with autism, the most common presenting symptoms of depression may be significantly increased agitation, self-injury, and/or temper outbursts¹⁸.

Behaviors which may indicate depression in individuals with ASD:

- **Increase in tearfulness or irritability** and/or absence of “happiness” or smiling in individuals who frequently did so in the past.
- **Loss of interest** in activities or friends.
- **Resistance to participating** in activities that were once engaged in willingly.
- **Agitation or restlessness**, pacing, hyperactivity, or wandering.
- Development of, or an increase in **tantrums, meltdowns, or aggression**.
- Development of, or an increase in **stereotyped behaviors**.
- **Decreased or increased sleep**, resists bedtime and/or wakes up frequently at night.
- **Difficulty staying awake** during the day.
- **Decrease in attention** to tasks.
- **Decrease in productivity** and/or apathy.
- **Self-deprecating** comments.
- Deliberate, **potentially lethal acts**.

Bipolar Disorder

- In the general population, bipolar disorder is defined by distinct periods where

mood is persistently and abnormally elevated, expansive, or irritable.

- Individuals with bipolar disorder may have a decreased need for sleep (often going for days without sleeping) and an inflated sense of self-esteem or importance (feels one is “special” and/or “invincible”).
- Additional symptoms include distractibility, racing thoughts, a pressure to keep talking, and/or excessive risk-taking behaviors or involvement in pleasurable activities with high potential for harmful consequences (such as sexual activity, drug use, compulsive gambling, shopping, etc.).

Behaviors which may indicate bipolar disorder in individuals with ASD:

- **Mood is inflated**, elated, irritable, angry or fluctuates between happy and irritable throughout the day regardless of circumstances.
- **Decreased frustration tolerance**, overactivity/hyperactivity.
- **Aware at night and active** about the house or awakens early and appears energetic despite their lack of sleep.
- In relationship to developmental level, an **individual feels they can do or achieve more** than is typical for them.
- **May create new tasks** or take on new jobs or work that are not realistic.
- **Increase in the frequency and/or intensity of vocal stereotypes**, perseverative questioning and/or repetitive speech.
- **Increase in preoccupation** with hobbies or recreational activities.
- **Increase in the frequency or intensity of ritualistic or compulsive activities**, rituals may become rapid or disorganized.
- **Increase in the intrusiveness** of interactions with others; less inhibited (disinhibition).
- Increase in obvious **sexual interests**.
- **Inability to follow** previously understood rules and limits.
- **Hallucinations**, delusions, and paranoid thoughts.

NEXT STEPS

- **Provide training** to families and school/community personnel working with students with ASD with information about mental health disorders and behaviors which should serve as “red

flags” for the consideration of a comorbid psychiatric disorder.

- **Identify professionals** with expertise in psychiatric/psychological disorders who can participate in the assessment and treatment/educational decision-making teams when a comorbid disorder is suspected.
- **Consider the possibility of a comorbid mental health condition** for individuals with ASD exhibiting any of the following:
 - » Changes in behavioral patterns that cannot be explained by medical conditions or recent environmental changes.

- » Change in behavioral patterns that persist longer than expected after an environmental change.
- » Sudden development of new behaviors.
- » Any time a functional behavior assessment is being conducted or a change of placement (due to challenging behaviors) is being considered for a student.

- **Refer student for screening/evaluation** of mental health concerns.
- **Provide teachers and family members with information** and strategies to assist student while they await screening and diagnosis

ADDITIONAL READINGS

- Centers for Disease Control and Prevention (2007). Prevalence of Autism Spectrum Disorders — Autism and Developmental Disabilities Monitoring Network, 14 Sites, United States, 2002. *Surveillance Summaries, MMWR*, 56 SS-1, 12-28.
- Dekker, M. C., & Koot, H. M. (2003). DSM-IV disorders in children with borderline to moderate intellectual disability. I: Prevalence and impact. *Journal of American Academy of Child Adolescent Psychiatry*, 42, 915–922.
- Dekker, M. C., Koot, H. M., van der Ende, J., & Verhulst, F. C. (2002). Emotional and behavioral problems in children and adolescents with and without intellectual disability. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 43, 1087–1098.
- Dykens, E. M. (2000). Psychopathology in children with intellectual disability. *Journal of Child Psychology & Psychiatry & Allied Disciplines*, 41, 407–417.
- Ghaziuddin, M. (2002). Asperger syndrome: Associated psychiatric and medical conditions. *Focus on Autism and Other Developmental Disabilities*, 17, 138–144.
- Ghaziuddin, M. (2005). *Mental health aspects of autism and Asperger syndrome*. London England: Jessica Kingsley Publishers.
- Sinzig, J., Bruning, N., Morsch, D. & Lehmkuhl G. (2008). Attention profiles in autistic children with and without comorbid hyperactivity and attention problems. *Acta Neuropsychiatrica*, 20, 207–215.
- Tsiouris, J. A. (2001). Diagnosis of depression in people with severe/profound intellectual disability. *Journal of Intellectual Disability Research*, 45, 115–120.

JOURNALS AND WEBSITES

- **National Association for the Dually Diagnosed (NADD)**— www.thenadd.org
- **Journal of Autism and Developmental Disorders**
- **Mental Health Aspects of Developmental Disabilities**
- **Diagnostic Manual—Intellectual Disability (DM-ID): A Textbook of Diagnosis of Mental Disorders**
 - » An adaptation of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition—Text Revision (DSM-IV-TR).
 - » The goal of this text is to facilitate a more accurate psychiatric diagnosis of people with ID. Chapters cover individual DSM-IV categories and special issues (i.e., assessment and diagnostic procedures and presentations of behavioral phenotypes of genetic disorders). For each disorder, descriptive text and details of how to apply diagnostic criteria, as well as tables of adapted diagnostic criteria are included.

Awaiting Diagnosis: Supporting Individuals with Autism Spectrum Disorders & Mental Health Concerns



PROACTIVE MEASURES TO SUPPORT MENTAL HEALTH ISSUES

Take A Public Health Approach¹⁹

- **Know the students.**
 - » Take data on the mental health of students
 - » Are mental health needs being met?
 - » Are there gaps in mental health services?
 - » Use data to identify risk factors and protective factors for students.
- **Identify risk and protective factors.**
 - » **Risk factors:** conditions that increase the likelihood of problem behavior.
 - » **Protective factors:** conditions that interact with risk factors to reduce the likelihood of problem behavior.
 - » Balance a deficit approach to reduce risk factors with a strengths-based approach to promote protective factors.

Promote Physical Health

- Provide information regarding healthy eating, exercise, sleep, etc.
- Provide information regarding stress management.

Teach Coping Skills

- **Support the development of self-awareness**, particularly of one's emotional experiences (i.e. Anger Scale or Anger-mometer).
- **Teach self-regulation** techniques (i.e. deep breathing, progressive muscle relaxation, sensory breaks, etc.).

Teach a Student to Relax²⁰

- Remember that **relaxation is a skill.**
 - » Teach explicitly, practice regularly, and monitor progress (data collection).
- Pick the **right time.**
 - » Without distractions to promote concentration.
- Make the **time.**
 - » Set aside a regular time to teach and practice relaxation skills.
- Create a **habit.**
 - » Practice consistently until relaxation skills become a ritual or habit.
- Create a **relaxing environment.**
 - » Provide a quiet, comfortable area for the student to learn and practice.
- Use **praise** and make it fun!

- » Encourage the student with praise for success as well as attempts.
- » Make it meaningful to the student.
- **Keep it simple** and short.
 - » Practice often for short periods of time.
- Teach by **example.**
 - » Demonstrate relaxation skills; model what the student should do to relax.
- Focus on the **goal.**
 - » Focus on a student using these skills when situations arise.

Be Prepared²¹

- **Know community resources** and contact information.
- **Establish relationships** with related community professionals.
 - » Psychologists, psychiatrists, physicians, law enforcement officials, crisis teams, etc.
- **Educate law enforcement** officials about potential crises.
- **Teach student with ASD how to communicate** with law enforcement officers, firefighters, emergency medical technicians, and other community helpers.
- **Teach the student with ASD whom to call** in different situations.

Establish a Crisis Plan with the Student and their Family

- Provide the student with ASD a **laminated information card** including: name, diagnosis, symptoms/behaviors, medications, allergies, and guardian's name and contact information.
- **Establish primary contact** (physician et al) as well as back-up contact in the event of an emergency.
- Enter the student in a **community identification system**, if possible.
- Consider a **MediAlert bracelet**.

METHODS TO CALM AN ESCALATING SITUATION

Responding Constructively to Emotional Outbursts²¹

- Recognize that “**meltdowns**” do not “come out of nowhere.”
- Recognize that **you can make a difference**; avoid the assumption that there is “nothing” you can do.

- Recognize that **you may experience emotions** during the process as well.
 - » Remain calm; avoid a power struggle with the student.
- **Recognize the warning signs** or triggers for a “meltdown.”
- Reduce the **stressors** in the environment.
 - » Remove distractions from the environment or remove the student from the stressful environment.
- **Respond to the student** RATHER than the behavior.
- **Focus on the present** moment and issue at hand.
- **Be concise**; less is more with verbal directions.
 - » Avoid teaching, preaching, or explaining until the student recovers from distress.
 - » Focus directions on what you want the person to do rather than what you don’t want them to do.
- **Use simple, direct language.**
 - » Avoid rhetorical questions, ultimatums, generalizations, sarcasm, or gentle teasing.
 - » Speak to the student one-on-one, if possible.
- Try to **encourage the student to rephrase**, in his/her own words, important points you want them to retain to make sure they’ve understood.
- **Mean what you say and say what you mean**; follow-up words with actions.
- **Maintain realistic expectations** for the student.
 - » Recognize that the student may struggle to understand you, particularly via non-verbal communication (i.e. facial expression, gestures, etc.).
- **Focus on emotional equilibrium** then provide support for recovery after equilibrium is regained.
 - » Allow quiet downtime with a relaxing activity.
 - » Praise student for positive aspects of situation, explicitly and generously.
 - » After recovery, teach the student how to respond appropriately in future similar situations.

Tips on Communicating During an Escalating Situation²²

- **Be gentle**; Use a soft but firm tone.
- **Be tactful.**
- Start with an open and **positive attitude.**
- **Keep it short.**

- **Wait patiently**; don’t rush.
- **Provide appropriate distance** for the individual student (be close or allow space).
- **Reverse** some yes/no, short list or either/or questions for clarity.
- **Keep your facial expressions to a minimum.** Facial expressions are often difficult to interpret for many individuals with ASD and may be distracting.

Interventions to Manage a Crisis Situation

1. **Remain Calm**, to the extent possible.
2. **Assess** the severity of the situation.
3. Follow the **Crisis Plan**.
4. Determine whom to **contact**.
 - » Visit <http://www.211atyourfingertips.org> to locate appropriate services.
 - » Dial 211: Free, Confidential Crisis Counseling.
 - » Dial 911: Emergency mental health and basic life support ambulance services.
5. **Dial 9-1-1** only for an emergency (www.tampagov.net).
- **An Emergency is:**
 - » Any serious medical problem (chest pain, seizure, bleeding, serious wounds).
 - » Any type of fire.
 - » Any life threatening situation (fights, person w/ weapons, gas leaks, etc.).
 - » Any crime in progress (whether or not a life is threatened).
6. **Dial 813-231-6130** (Hillsborough County) for non-emergencies.
- **Non-emergencies include:**
 - » Delayed or “not in progress” offenses.
 - » Intoxicated persons who are not disorderly.
 - » Cars blocking the street or driveway.
 - » Non-injury auto accidents.
 - » Minor complaints.

NEXT STEPS

Proactive Measures

- **Taking data** on mental health of all students.
- **Identifying risk factors** and protective factors from data.
- **Promoting** protective factors and reducing risk factors.

- **Teaching** self-awareness, self-regulation, and relaxation skills.
- **Providing opportunities** to practice skills prior to distress.
- **Learning community resources** and contact information (including school security).
- **Establishing relationships** with community resources and shared necessary information.
- **Teaching student with ASD appropriate contacts** for different situations.
- **Teaching student with ASD how to communicate** with community contacts.
- **Establishing Crisis Plan** with student, family of student, and related professionals.

Calming an Escalating Situation

- Carefully **review and learn the methods** to calm an escalating situation.
- **Discuss methods** to calm an escalating situation with related staff/team.
- **Create materials** to support the student during escalating situations or distress.
- **Practice self-regulation** techniques as a responsible adult during times of distress.
- **Minimize stressors** in environment.
- **Create materials** or developed area for downtime following recovery from distress.
- **Implement methods** to calm an escalating situation, as needed.
- **Debrief escalated situation** with student as well as related staff/team AFTER situation occurs.

Manage a Crisis

- **Remain calm** by using self-regulation techniques.
- **Assess the severity** of the situation.
- **Determine** the appropriate contact.
- **Contact** the appropriate resources.

RELATED WEBSITES

- **The National Association for the Dually Diagnosed**
<http://www.thenadd.org>
- **The City of Tampa**
www.tampagov.net

Helpful Resources & Links

School administrators, school psychologists, guidance counselors, school resource officers, educators, parents, students, and community members can access additional information to understand and support individuals with a co-existing mental health disorder. This mental health resource list is not all-inclusive, but it provides a starting point for school teams and parents when additional information and/or intervention are needed to support a student.

MENTAL HEALTH RESOURCES

Emergency

- **Dial 911** for Emergencies
- **Crisis Line**
National Suicide Prevention Help Line is a national 24 hour, 7 day a week crisis line.
1-800-273-8255

National Organizations

- **The American Academy of Child and Adolescent Psychiatry (AACAP)**
The AACAP is a professional medical organization comprised of child and adolescent psychiatrists trained to promote healthy development and to evaluate, diagnose, and treat children and adolescents and their families who are affected by disorders of feeling, thinking, learning, and behavior. Provides Facts for Families available online in English, Español, Deutsch, Malaysian, Polish, Icelandic, Arabic, Urdu and Hebrew.
<http://www.aacap.org>
- **Child and Adolescent Bipolar Foundation (CABF)**
CABF improves the lives of families raising children and teens living with bipolar disorder and related conditions. Fact sheet and printed materials are available to download.
www.bpkids.org
- **Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)**
CHADD is a national non-profit organization providing education, advocacy and support for individuals with AD/HD. In addition to an informative web site, CHADD also publishes a variety of printed materials to keep members and professionals current on research advances, medications and treatments affecting individuals with AD/HD.
<http://www.chadd.org>

Local Chapters

- » **Collier County CHADD**
Collier-County@chadd.net
239-352-7223
 - » **Lee County CHADD**
(239) 466-1167
 - » **North Pinellas and West Pasco Chapter CHADD**
(727) 786-2981
<http://www.chadd.net/template.cfm?affid=282&p=about>
 - » **Sarasota CHADD**
(941) 685-6098
<http://www.chadd.net/template.cfm?affid=102&p=about>
 - » **South Pinellas CHADD**
(727) 409-4696
<http://www.chadd.net/template.cfm?affid=298&p=about>
 - **Depression and Bipolar Support Alliance (DBSA)**
DBSA is a patient-directed organization focusing on the most prevalent mental illnesses – depression and bipolar disorder. Provides current on-line training and educational materials written in language the general public can understand.
<http://dbsalliance.org>
- ### Local Chapters
- » **DBPSA - Lakeland**
Contact 1 (863) 510-0941
Contact 2 (863) 413-2788
 - » **DBSA - Suncoast Center**
St. Petersburg
Contact 1 (727) 327-7656 x 4209
Contact 2 (727) 327-7656 x 4280
 - » **DBPSA - Tampa Bay**
(Includes Zephyrhills area)
PO Box 340572
Tampa, FL 33694
(813) 878-2906
<http://www.dbsatampabay.org>
 - » **DBSA - West Pasco**
New Port Richey
Contact 1 (727) 819-9427
Contact 2 (727) 364-5528
 - **Mental Health America (MHA)**
Mental Health America (formerly known as the National Mental Health Association) is dedicated to helping ALL people live mentally healthier lives. With our more than 320 affiliates nationwide, they represent a growing movement of Americans who promote mental wellness for the health and well-being of the nation – everyday and in times of crisis. Obtain information about mental health topics using the online search engine.
<http://www.nmha.org>



Local Chapters

- » **Mental Health America of Greater Tampa Bay**
12901 Bruce B Downs Blvd MDC102
Tampa, FL 33612
(813) 972-2618
<http://www.mhagreatertampabay.org>
- **NAMI Child and Adolescent Action Center (CAAC)**
The CAAC works to improve the lives of children and adolescents living with mental illnesses and their families through advocacy, support and education. CAAC provides resources and technical assistance to NAMI affiliates at the state and local levels. Follow link to Child and Adolescent Mental Illness Fact Sheets.
<http://nami.org/caac>
- **National Alliance on Mental Illness (NAMI)**
NAMI is the nation's largest grassroots organization for people with mental illnesses and their families. Founded in 1979, NAMI has affiliates in every state and in more than 1,100 local communities across the country. Chapters provide training, support groups and information and referral services. Follow link to "Inform Yourself" for information about mental health conditions and medications.
<http://nami.org>

Local Chapters

- » **NAMI of Charlotte County**
Chapter provides information and referral, training, support groups, and Crisis Intervention Training (CIT) for Charlotte County law enforcement. Call (941) 268-8033 for more information.
<http://namicharlottecountyfl.org>
- » **NAMI of Collier County**
Chapter provides information and referral, training, support groups, direct services, and Crisis Intervention Training (CIT) for Collier County law enforcement. NAMI of Collier County publishes a *Mental Health Resource Guide for Southwest Florida*. Call (239) 434-6726 for more information.
<http://www.namicollierco.org>
- » **NAMI of Hillsborough**
PO Box 4352
Brandon, FL 33509-4352
support@namihillsborough.org
<http://www.namihillsborough.org>
- » **NAMI of Lee County**
Chapter provides information and referral, training, support groups, and Crisis Intervention Training (CIT) for Lee County law enforcement. Call (239) 377-9024 for more information.
<http://namilee.nami.org>

- » **NAMI of Manatee County**
628 Emerald Lane
Holmes Beach, FL 34217
(941) 778-2095
Linda Davis
billindadavis@aol.com
<http://www.NAMIManateecounty.org>
- » **NAMI of Pasco County**
PO Box 412
Elfers, FL 34680
Gloria Strother
(727) 992-9653
gloriestrother@verizon.net
<http://www.nami.org/sites/NAMIPascoCounty>
- » **NAMI of Pinellas County**
466 94th Ave N
St. Petersburg, FL 33702
(727) 791-3434
adminoffice@nami-pinellas-fl.org
<http://www.nami-pinellas.org>
- » **NAMI of Polk County**
NAMI Polk County, Inc.
1090 US Highway 17 S
Bartow, FL 33830
(863) 533-4411
namipolk@verizon.net
<http://www.namipolk.com>

Statewide and Regional Providers

- **AdvoServ Carlton Palms**
28308 Churchill-Smith Ln
Mount Dora, FL 32757
(866) 310-2681 or (352) 383-3685
<http://www.advoserv.com/florida.html>
Serves children, adolescents and adults with autism, developmental disabilities, severe emotional disturbances, dual diagnoses, conduct disorders, medical concerns and related diagnoses.
 - » specialized treatment for significant behavioral problems such as aggression, property destruction, oppositional behavior, self-injury, and inappropriate sexual behavior.
 - » intensive training in life skills which have not been addressed through years of limited opportunities to learn and develop
- **Central Florida Behavioral Hospital**
6601 Central Florida Pkwy
Orlando, FL 32821
(407) 370-0111
<http://www.centralfloridabehavioral.com>
Specialized programs:
 - » Eating disorders
 - » Pervasive development Disorders/autism spectrum disorders (Sea Harbor Center)
 - » Co-occurring psychiatric and substance abuse disorders
 - » Adult inpatient hospitalization
 - » Adolescent inpatient hospitalization
 - » Adolescent partial hospitalization

- **Devereux Florida Intensive Residential Treatment (IRTC) and Dual Diagnosis Centers**
8000 Devereux Drive
Viera, FL 32940
Referrals: 1(800) 338-3738 ext. 77130
<http://www.devereux.org>
 - » IRTC provides services for children and adolescents between the ages of 5 and 17, with various diagnoses such as affective disorders, psychosis, history of abuse and neglect, emotional and psychiatric difficulties.
 - » Dual Diagnosis Center serves individuals with a wide range of symptoms and behaviors associated with intellectual delays, who may also suffer from psychiatric disorders.
 - » Statewide Intensive Psychiatric Program (SIPP) provides intensive services to children and adolescents (6 through 17 years of age) within a four to six month treatment period.
- **Florida Department of Children and Families (DCF)**
(See DCF listings under each county.)
DCF administers public mental health, substance abuse, and self-directed care programs throughout the state. Obtain services through ACCESS Florida.
<http://www.myflorida.com/accessflorida>
 - » Abuse hotline: 800-962-2873
 - » Find lists of providers and directories of local DCF and ACCESS offices on the agency's web site.
<http://www.dcf.state.fl.us/mentalhealth>

Local Providers

Desoto (12th Circuit)

- **DCF Circuit 12 (Manatee, Sarasota and DeSoto Counties)**
9393 North Florida Ave
Tampa, FL 33612
(813) 558-5500
- **Coastal Behavioral Healthcare, Inc.**
1901 Baker St
Arcadia, FL 34266
(863) 993-2911
<http://www.coastalbh.org>
Mental health outpatient services (adults)
- **Florida Assertive Community Treatment (FACT): Sarasota/DeSoto County FACT Team**
1750 17th St
Sarasota, FL 34234
(941) 308-2936
<http://www.coastalbh.org>

(Continued...)

FACT Teams provide comprehensive community-based treatment to persons who experience severe and persistent mental illness.

- **Gulf Coast Jewish Family Services (DeSoto, Manatee, Sarasota)**

8051 N Tamiami Trail, Suite D-6
Sarasota, FL 34243

(941) 358-4242

<http://www.gcjfs.org>

Mental health services

Southwest Florida

- **Charlotte Behavioral Health Care**

1700 Education Avenue

Punta Gorda, FL 33950

(941) 639-8300

<http://cbhcf.org>

Charlotte Behavioral Health Care is a voluntary and involuntary brief residential treatment program offering screening, assessment, psychotherapy, and psychoeducation to individuals who are experiencing an acute mental health crisis and pose a danger to themselves or others.

- » **Crisis Stabilization Unit (CSU)**

The Crisis Stabilization Unit provides voluntary and involuntary brief residential treatment program offering screening, assessment, psychotherapy, and psychoeducation to individuals who are experiencing an acute mental health crisis and pose a danger to themselves or others.

Call (941) 575-0222 for more information.

- » **Therapeutic Behavioral On-Site (TBOS)**

TBOS provides intensive at-home therapeutic counseling for children, adolescents, and their families who are unable to attend regular outpatient therapy and for whom other services have been exhausted. Services are provided at home and at satellite locations.

Call (941) 639-8300 for more information.

- **David Lawrence Center**

6075 Bathey Lane

Naples, Florida 34116

(239) 455-8500 (24 hour/7 days)

www.davidlawrencecenter.org

David Lawrence Center is a community mental health center that provides affordable mental health and substance abuse services in Southwest Florida. The Center provides 50 different programs and services including 24 hours/7 days per week crisis intervention.

Children's Mental Health Services

- » **Crisis Stabilization Services**

Crisis Stabilization Services are available

for the emergency mental health and substance abuse needs of children, adolescents, adults and the elderly. The Children's Crisis Stabilization Unit is a 6-bed, non-hospital, inpatient mental health unit that provides brief voluntary and involuntary evaluation and treatment. David Lawrence Center is the Baker Act Receiving Facility for Collier County. David Lawrence Center Crisis Stabilization Services are available 24 hours/7 days a week. *Call (239) 455-8500 for more information.*

- » **Walk-in Urgent Care Services**

Walk-in Urgent Care Services are designed for individuals in need of crisis intervention or support as well as symptom relief. Services are available 24 hours/7 days a week in Naples and during regular business hours in Immokalee.

Call (239) 455-8500 for more information.

- » **Outpatient Therapy**

Outpatient therapy is available for children ages 2-17 and their families who may present with negative behaviors, difficulty at school and/or family problems as a result of a psychiatric disorder or life stressors.

Call (239) 455-8500 for more information.

- **Florida Self Directed Care (FLSDC)**

Florida Self Directed Care is administered by NAMI of Collier County and funded by Department of Children and Families Circuit 20 and serves Charlotte, Collier, Glades, Hendry and Lee counties. The website offers a comprehensive list of mental health and community resources sorted by county. <http://flsdc.org>

- **Florida Department of Children and Families (DCF), Circuit 20**

Children's Mental Health

2295 Victoria Avenue

Fort Myers, FL 33906

Call (239) 338-1324 for information

- **Hendry/Glades Behavioral Health**

P.O. Box 87

Labelle, FL 33975

Call (863) 674-4050 for information.

- **Hendry/Glades Behavioral Health**

601 W. Alvarado Avenue

Clewiston, FL 33440

Call (863) 983-1423 for information.

- **JBH Behavioral Healthcare System**

12550 New Brittany Blvd., Suite 200

Fort Myers, FL. 33907

Call 239-936-1114 for information.

<http://jbhllc.com/services.php>

- **Lee Mental Health**

(Formerly known as Ruth Cooper Center)

2789 Ortiz Avenue

Fort Myers, FL 33905-7806

<http://leementalhealth.org>

- » **Children's Emergency Services**

Provides intake and assessment of individuals presented voluntarily for help with mental health and substance abuse service needs and provides linkage to both Lee Mental Health services and those outside the system.

- » **Emergency Services Department**

The Emergency Services (ES)

Department provides assessment and referral services for children between the ages of four (4) and seventeen (17) who are experiencing a mental health or substance abuse emergency. Lee Mental Health ES Department operates 24 hours/7 days per week including holidays. *Call (239) 275-4242 for more information.*

- » **Child/Adolescent Crisis Stabilization Unit/Addiction Receiving Facility**

The Children's Crisis Stabilization Unit (CCSU) provides inpatient crisis stabilization and support for individuals ages four (4) to seventeen (17) that are at risk of harming themselves or others due to a mental health or substance abuse crisis. The CCSU also serves as the Addiction Receiving Facility for Lee County and Baker Act receiving facility for Adults and Children for Lee County. Lee Mental Health CCSU operates 24 hours/7 days per week including holidays. *Call (239) 275-4242 for more information.*

- **Mental Health Association of Southwest Florida**

2335 Ninth Street N. Suite 404

Naples, Florida 34103

(239) 261-5405

<http://www.mhaswfl.org>

In addition to a range of public and consumer education programs, the Mental Health Association publishes the *Directory of Southwest Florida Licensed Professionals in Private Practice*, on their website.

Call (239) 261-5405 for more information.

- **SEDNET**

<http://www.fldoe.org/ese/sedhome.asp>

SEDNET is the Multi-agency Network for Students with Severe Emotional and Behavioral Disturbance. SEDNET Region 8B provides services in Charlotte, Collier, Glades, Hendry, and Lee counties and facilitates improvement in the lives of community children through technical assistance, training and advocacy. *Contact SEDNET at the Collier County School Board (239) 377-0116 for more information regarding supports for students.*

- **Youth Haven Family Support Services and Prevention Programs**
273 Airport Road South
Naples, FL 34104
<http://www.youthhaven.net>
The Family Counseling Center is one part of an overall Children's Behavioral Health initiative designed to meet the mental health treatment needs of young children and their families in our community. Clinical staff provides emotional support, education and guidance for a variety of concerns confronted by today's families. Psychiatric evaluations, medication management and crisis intervention are also provided.
Call (239)262-0388 for more information.

Hardee & Highlands (10th Circuit)

- **DCF Circuit 10 (Polk, Highlands, and Hardee Counties)**
4720 Old Highway 37
Lakeland, FL 338131
(863) 619-4100
- **Daybreak Behavioral Health: The Counseling Center & Structured Outpatient Program of Sebring**
4023 Sun 'n Lake Blvd
Sebring, FL 33872
(863) 314- 4357
<http://www.flhosp-heartland.org>
Individual and family therapy, structured outpatient programs for adults and a specialty Behavioral Health Unit for senior adults.
- **The Counseling Center & Structured Outpatient Program of Lake Placid**
1346 US Highway 27 N
Lake Placid, FL 33852
(863) 699- 4357
<http://www.flhosp-heartland.org>
- **Counseling for Hardee County Residents**
(863) 773-2621
<http://www.fhhd.org/CareAndServices/BehavioralHealth.aspx>
- **Florida Hospital Heartland Medical Ctr**
Florida Lake Placid
1210 US Hwy 27 North
Lake Placid, FL 33852
(863) 465-3777
<http://www.flhosp-heartland.org>
- **Gulf Coast Jewish Family Services**
5925 Imperial Pkwy, Ste 130
Mulberry, FL 33860
(863) 904-3000
<http://www.gcjfs.org>
Children and family services, child protective Services, mentoring, developmental services, mental health

Hillsborough (13th Circuit)

- **DCF Circuit 13 (Hillsborough County)**
9393 North Florida Ave
Tampa, FL 33612
(813) 558-5500
http://www.myflorida.com/cf_web
- **Camelot Community Care, Inc. Tampa**
1911 N US Highway 301, Ste 200
Tampa, FL 33619-2661
(813) 635-9765
http://www.camelotcommunitycare.org/fl_services.asp
Therapeutic foster care, in-home counseling, outpatient counseling, case management, assessments.
- **Children's Crisis Services**
2212 E Henry Ave
Tampa FL 33610
(813) 272-2882
<http://www.mhcinc.org>
Provides emergency psychiatric evaluation and crisis stabilization for children ages 5 to 17 experiencing acute emotional and/or behavioral problems. 24-hour assessment services, including psychiatric evaluation and, if needed, brief inpatient stabilization
- **Children's Home Society of Florida Gulf Coast Division**
8306 Laurel Fair Cir, Ste 160
Tampa, FL 33610-4128
(813) 740-4266
<http://www.chsfl.org/Locations/Gulf-Coast.aspx>
- **Clinical Case Management Program-Northside Mental Health Center**
12512 Bruce B Downs Blvd
Tampa, FL 33612
(813) 977-8700
<http://www.northsidemhc.org>
Clinical case management, advocacy, psychiatric and wraparound services for individuals from the age of 10 to 18 years. The ICM team monitors Hillsborough County children who have been approved for residential treatment by the Level of Care Committee. INTENSIVE CASE MANAGEMENT: Offers intense supervision, peer support, and 24-hour access.
- **Early Childhood FASST—Mental Health Care, Inc.**
2905 E Henry Ave
Tampa, FL 33610-1437
(813) 272-2888 x211
<http://www.mhcinc.org>
An early intervention/ prevention program. Serves children ages 5 and under with mild development delays and/or social / emotional issues. Services offered are primarily in the form of

clinical case management and linkages to community supports / resources.

- **Gulf Coast Jewish Family Services**
13542 N Florida Ave
Tampa, FL 33613-3263
(813) 987-6700
<http://www.gcjfs.org>
Private individual, child, adolescent, and family and marriage counseling
- **Hillsborough Kids Inc.**
5681 E Fowler Ave
Tampa, FL 33617
(813) 471-0218
<http://www.hillsboroughkids.org>
HKI is the lead agency managing child welfare in Hillsborough County.
- **Kids' Behavioral Helpline**
One Crisis Center Plaza
Tampa, FL 33613-1238
(813) 960-1010
<http://www.crisiscenter.com>
Provides information and referral to programs that assist families with SED or EH children and children with substance abuse problem. This helpline is a joint collaboration between the Crisis Center of Tampa Bay, Inc. and Hillsborough County Citizen Action Center.
- **Mental Health America of Greater Tampa Bay**
12901 Bruce B Downs Blvd, MDC102
Tampa, FL 33612
(813) 972-2618
<http://www.mhagreatertampabay.org>
- **MHC (Mental Health Care, Inc.)**
5707 North 22nd St
Tampa, FL 33610
(813) 272-2244
<http://www.mhcinc.org>
Adult emergency services crisis stabilization unit, children's crisis stabilization unit, adult emergency services short-term residential treatment facility, residential treatment program,
 - » Baker Act receiving facility (public)
 - » FACT Teams: comprehensive community-based treatment to persons who experience severe and persistent mental illness.
- **Memorial Hospital of Tampa**
Attn: Behavioral Health
2901 Swann Ave
Tampa, FL 33609-4057
(813) 873-6400
<http://www.memorialhospitaltampa.com>
 - » Baker Act receiving facility (private)

- **Northside Mental Health Center
Florida Assertive Community Treatment**
12512 Bruce B Downs Blvd
Tampa, FL 33612
(813) 932-5619
<http://www.northsidemhc.org>
 - » Crisis stabilization unit
 - » short-term residential treatment facility
 - » Baker Act receiving facility (public)
- **Silver Child Development Center**
12901 Bruce B Downs Blvd, MDC 102
Tampa, FL 33612
(813) 974-1516
<http://health.usf.edu/medicine/psychiatry/silvercdc/index.htm>
- **St. Joseph's Hospital
St. Joseph's Psychiatric Care Center**
3001 W Dr Martin Luther King Blvd
Tampa, FL 33607
<http://www.sjbhealth.org>
 - » **Inpatient Services** (813) 870-4300
St. Joseph's BayCare Life Management Services
4726 N. Habana Ave, Ste 204
Tampa, FL 33614
 - » **Outpatient Svcs** (813) 872-7582
 - » Baker Act receiving facility (private)
- **Tampa Bay Academy**
12012 Boyette Rd
Riverview, FL 33569-5631
(813) 677-6700
<http://www.tampabay-academy.com>
- **Tampa General Hospital
Psychiatric Services**
2 Columbia Dr.
Davis Islands
Tampa, FL 33601
(813) 844-7000
<http://www.tgh.org>
Baker Act receiving facility (private)
- **THINKids: Success 4 Kids & Families**
1311 N Westshore Blvd, Ste 302
Tampa, FL 33607
(813) 490-5490
<http://www.s4kf.org>
THINKids is an independent case management program providing "wraparound" services to children and families. These services can be traditional therapeutic services as well as non-traditional, individualized creative services matched to each family. Direct services are brokered by THINKids and provided by independent contractors.

- **Youth Psychological Assessment & Therapy Center**
710 Oakfield Dr, Ste 261
Brandon, FL 33511
(813) 689-2525
<http://www.tampabaymentalhealth.com>
Private clinical psychology practice specializing in the treatment of children, adolescents, and their families.

Manatee (12th Circuit)

- **DCF Circuit 12 (Manatee, Sarasota and DeSoto Counties)**
9393 North Florida Ave
Tampa, FL 33612
(813) 558-5500
- **Camelot Community Care, Inc.**
239 301 Blvd E Ste A
Bradenton, FL 34208-3340
(941) 708-9764
Therapeutic foster care, in-home counseling, outpatient counseling, case management, assessments.
- **Gulf Coast Jewish Family Services (DeSoto, Manatee, Sarasota)**
8051 N Tamiami Trl Ste D-6
Sarasota, FL 34243
(941) 358-4242
<http://www.gcjfs.org>
Mental health services
- **Manatee Children's Services**
The Flamiglio Center
453 Cortez Rd W
Bradenton, FL 34207-1544
(941) 345-1200
Crisis intervention, counseling, residential and outpatient services
<http://www.manateechildrengservices.com>
- **Manatee Glens Walk In Center**
1404 14th St W
Bradenton, FL 34205
(941) 782-4800
 - » Open Mon – Fri, 9am – 9pm.
Walk-ins welcome.
 - » Mobil Crisis Unit, available 24 hours-a-day, 7 days-a-week.
 - » Provides immediate assessment, referral and short-term counseling service. The Mobile Crisis unit responds to requests from the police.
- **Manatee Glens Hospital and Crisis Center and follow up Rehabilitation Programs**
2020 26th Ave E
Bradenton, FL 34208
(941) 782-4600
<http://www.manateeglens.org>
 - » Baker Act receiving facility (private)

- » 27-bed licensed specialty hospital unit,
24-bed crisis stabilization unit
- » 25-short term residential beds
- **Manatee Memorial Hospital**
206 2nd St E
Bradenton, FL 34208-1042
Hospital: (941) 746-5111
Behavioral Health: (941) 745-7583
<http://www.manateememorial.com>
 - » Baker Act receiving facility (private)
 - » Clinical assessments, diagnosis, treatment, counseling, and group therapy.
- **Manatee Palms Youth Services**
4480 51st St W
Bradenton, FL 34210-2857
(941) 792-2222
<http://www.psysolutions.com>
Intensive residential treatment facility for children ages 6 to 17.

Pasco (6th Circuit)

- **DCF Circuit 6 (Pasco and Pinellas Counties)**
9393 N Florida Ave
Tampa, FL 33612
(813) 558-5500
- **Carlton Manor, Inc.**
45 Westwood Terr N
St. Petersburg, FL 33710
(727) 343-3662
<http://www.carltonmanor.org>
Community-based services to children and families with severe emotional impairments in Pinellas and Pasco Counties.
- **Community Hospital**
Attn: Behavioral Health
5637 Marine Pkwy
New Port Richey, FL 34652-4331
(727) 848-1733
<http://www.communityhospitalnpr.com>
 - » Baker Act receiving facility (private)
 - » Adults, Serving Pasco, Hernando, and northern Pinellas Counties
- **Florida Hospital Zephyrhills**
7050 Gall Blvd
Zephyrhills, FL 33541-1399
(813) 788-0411
<http://www.fhzeph.org>
Baker Act receiving facility (private)
- **Gulf Coast Jewish Family Services**
5744 Missouri Ave
New Port Richey, FL 34652
(727) 816-1881 and 816-1860
<http://www.gcjfs.org>
Mental health services

- **GCJFS Chatlin Home**
2425 Chatlin Rd
Holiday, FL 34691
(727) 943-4847
<http://www.gcjfs.org>
Residential treatment
 - **GCJFS Darlington Home**
2425 Chatlin Rd
Holiday, FL 34691
(727) 943-4847
<http://www.gcjfs.org>
Residential treatment
 - **Harbor Behavioral Health Care Institute Adult Crisis Stabilization Unit**
8132 King Helie Blvd
New Port Richey, FL 34653-1435
(727) 841-4455
 - **Harbor Behavioral Health Care Institute Community Based Care**
7809 Massachusetts Ave
New Port Richey, FL 34656
(727) 841-4200
 - **Harbor Behavioral Health Care Institute Children's Crisis Stabilization Unit**
8132 King Helie Blvd
New Port Richey, FL 34653-1435
(727) 841-4455
<http://www.baycare.org>
 - » Child and adult crisis stabilization, mental health, psychiatric medical services
 - » FACT Team, adult residential
- Pinellas (6th Circuit)**
- **DCF Circuit 6 (Pasco and Pinellas Counties)**
9393 North Florida Ave
Tampa, FL 33612
(813) 558-5500
 - **Bay Pines VA Hospital**
10000 Bay Pines Boulevard
Bay Pines, FL 33744
<http://www.baypines.va.gov/>
 - » Baker Act receiving facility (private)
 - » acute in-patient ward, in-patient geriatric psychiatry ward, domiciliary, mental health outpatient clinic
 - **Boley Centers for Behavioral Healthcare, Inc.**
445 31st St N
St. Petersburg, FL 33713-7605
(727) 821-4819
<http://www.boleyc Centers.org>
FACT and CCST Teams
 - **Camelot Community Care, Inc.**
4910 Creekside Dr, Ste D
Clearwater, FL 33760-4034
(727) 596-9960
 - **Camelot Community Care**
(727) 593-0003
EMERGENCIES: (727) 791-3131
<http://www.camelotcommunitycare.org>
Therapeutic foster care, in-home counseling, outpatient counseling, case management, assessments.
 - **Directions for Mental Health**
1437 S Belcher Rd Ste 200
Clearwater, FL 33764-2829
(727) 524-4464
<http://www.healtheburt.com>
Directions serves adults, children and the homeless at all stages of life and regardless of ability to pay.
 - **Florida Sheriffs Youth Ranches, Inc. Safety Harbor**
3180 Enterprise Rd E
Safety Harbor, FL 34695-5205
(727) 725-4761
 - **Gulf Coast Jewish Family Services Community Care**
Corporate office:
14041 Icot Blvd
Clearwater, FL 33760
(727) 479-1800
Information Referrals: 1-800 888-5066
(727) 538-7460 or (727) 479-1800 - Residential
<http://www.gcjfs.org>
Adult residential and outpatient
 - **GCJFS 66th Street Group Home**
3180-3200 66th St N
St. Petersburg, FL 33710
(727) 893-1661
<http://www.gcjfs.org>
Residential treatment
 - **Morton Plant Hospital**
300 Pinellas St
Clearwater, FL 33541
Intake: (727) 298-6402
<http://www.mortonplant.com>
 - » Baker Act receiving facility (private)
 - » Inpatient treatment to children, adolescents, adults and the elderly suffering from a personal crisis or mental illness that requires treatment in a structured, supervised setting.
 - **PEMHS - Access Center Personal Enrichment through Mental Health Services, Inc.**
 - » Crisis Stabilization Unit-A
 - » Crisis Stabilization Unit-B Regional Short-Term Residential Treatment Facility
11254 58th St N, Bldg J
Pinellas Park, FL 33782
 - » Crisis Stabilization Unit-C
 - **Children's Crisis Stabilization Unit**
401 16th St N
St. Petersburg, FL 33705
(727) 545-6477
Ad/Ch Crisis Stabilization Unit:
(727) 545-6477*341
Ch. Crises Outreach Prg: (727) 541-4628
Fam. Emergency Treatment: (727) 662-1053
EMERGENCIES (727) 791-3131
<http://www.pemhs.org/index.htm>
 - » Baker Act receiving facility (public)
 - » emergencies/evaluation (diag-nosis), short/medium term in patient recovery programs
 - **St. Anthony's Hospital Behavioral Health Unit**
1200 7th Ave N
Saint Petersburg, FL 33705
(727) 825-1100 or (727) 825-1124
<http://www.stanthonyhs.com>
 - » Baker Act receiving facility (private)
 - » Life Management, (727) 820-7747
<http://www.baycare.org>
 - **Sun Coast Hospital**
2050 Indian Rocks Rd
Largo, FL 34649
(727) 581-9474
<http://www.suncoasthospital.net/>
 - » Baker Act receiving facility (private)
 - » Adult crisis stabilization program.
 - **Suncoast Center for Community Mental Health**
4024 Central Ave
St. Petersburg, FL 33711
(727) 327-7656
Forensic FACT Team (727) 323-6300
EMERGENCIES (727) 791 3131
<http://www.suncoastcenter.com>
Child/adult mental health and substance abuse outpatient treatment and mental health/social support services center, serving children and adults of all ages. Evaluation, diagnosis, treatment, outpatient care, counseling, and case management.
 - **Windmoor Healthcare of Clearwater**
11300 US 19 S
Clearwater, FL 33764
(727) 541-2646
<http://www.windmoorhealthcare.com>
 - » Baker Act receiving facility (private)
 - » Full-service psychiatric facility available 24-hours a day.

Polk (10th Circuit)

- **DCF Circuit 10 (Polk, Highlands, and Hardee Counties)**
4720 Old Highway 37
Lakeland, FL 338131
(863) 619-4100
- **Center for Counseling at Lakeland Regional Medical Center**
Center State Bank Bldg
Lakeland, FL 33804
(863) 687-1275
<http://www.lrmc.com>
- **Devereux Therapeutic Foster Care - Polk, Hardee & Highlands Counties**
175 Fifth St SW #104
Winter Haven, FL 33880
(863) 298-4400
<http://www.devereux.org>
- **Florida Sheriffs Youth Ranches, Inc. Youth Villa**
3350 State Rd 60 E
Bartow, FL 33830-8471
(863) 533-0371
- **Gulf Coast Jewish Family Services**
5925 Imperial Pkwy
Suite 130
Mulberry, FL 33860
(863) 904-3000
<http://www.gcjfs.org>
Children and family services, child protective services, mentoring, developmental services, mental health
- **Lakeland Regional Medical Center**
Attn: Behavioral Health Services
1324 Lakeland Hills Blvd
Lakeland, FL 33805-4543
(863) 687-1275
<http://www.lrmc.com/site/>
- **Peace River Center**
1239 E Main St
Bartow, FL 33830
(863) 519-0575
Crisis Line (863) 519-3744
<http://www.peace-river.com>
 - » Baker Act receiving facility (public)
 - » A community mental health organization providing services to Polk, Hardee and Highlands Counties. Services offered include crisis stabilization unit, outpatient counseling, psychiatric/medical, adult residential treatment, case management, domestic violence and sexual assault programs, YouthLine, and 24-hour crisis hotline services.

- **Tri-County Human Services, Inc.**
Human Services, Inc.
Administrative Offices
1815 Crystal Lake Dr
Lakeland, FL 33801-5979
(863) 709-9392
<http://www.tchsonline.com>
Substance abuse and mental health disorders treatment to residents of Polk, Hardee and Highlands Counties.
- **Winter Haven Adult Outpatient Counseling**
1201 1st St. S
Winter Haven, FL 33880-3904
(863) 293-1121, ext. 1856
- **Winter Haven Hospital Behavioral Health Division: Child and Adolescent Services**
ACCESS SERVICES
Toll Free: 1-800-723-3248
<http://www.winterhavenhospital.org/fac/behavioral/child.html>
24 hours per day, seven days per week telephonic and face-to-face mental health assessments, crisis intervention and referral information regarding BHD services for any individuals within the Mid-Florida service area.

Sarasota (12th Circuit)

- **DCF Circuit 12 (Manatee, Sarasota and DeSoto Counties)**
9393 North Florida Ave
Tampa 33612
(813) 558-5500
- **Coastal Behavioral Healthcare North Port**
6950 Pan American Blvd
North Port, FL 34287
(941) 492-4300
<http://www.coastalbh.org>
Case management, crisis stabilization, counseling, residential treatment for co-occurring disorders, FACT Teams and more.
- **Coastal Behavioral Healthcare, Inc. Crisis Stabilization Unit Children's Crisis Stabilization Unit**
1451 10th St
Sarasota, FL 34236
<http://www.coastalbh.org>
 - » Baker Act receiving facility (public).
 - » Case management, crisis stabilization, counseling, residential treatment for co-occurring disorders, FACT Teams and more.
- **Compass Center (Coastal Behavioral Healthcare)**
2750 Bahia Vista St
Sarasota, FL 34239
(941) 952-1147 ext. 1107
<http://www.coastalbh.org>
Children's services, outpatient services, residential services, outpatient medication services
- **Coastal Behavioral Healthcare Venice**
7810 S Tamiami Trl
Venice, FL 34292
(941) 492-4300
<http://www.coastalbh.org>
Case management, crisis stabilization, counseling, residential treatment for co-occurring disorders, FACT Teams and more.
- **Florida Assertive Community Treatment (FACT): Sarasota/DeSoto County FACT Team**
1750 17th St
Sarasota, FL 34234
(941) 308-2936
<http://www.coastalbh.org>
FACT Teams: comprehensive community-based treatment to persons who experience severe and persistent mental illness.
- **Florida Center for Child and Family Development**
4610 17th St
Sarasota, FL 34235-1843
(941) 371-8820
<http://www.thefloridacenter.org>
Infant/young child mental health therapy, family/marital counseling, behavioral support services, child psychiatry/psychology services.
- **Florida Center for Child & Family Development Gulf Coast Center**
800 Gulf Coast Blvd
Venice, FL 34285-7812
(941) 412-9186
<http://www.thefloridacenter.org>
- **Gulf Coast Jewish Family Services (DeSoto, Manatee, Sarasota)**
8051 N Tamiami Trl, Ste D-6
Sarasota, FL 34243
(941) 358-4242
<http://www.gcjfs.org>
Mental health services
- **Heritage Residential Treatment Facility (Coastal Behavioral Healthcare)**
2750 Bahia Vista St
Sarasota, FL 34239
(941) 952-1147 ext. 1150
<http://www.coastalbh.org>
Residential services

- **Jewish Family & Children's Service of Sarasota-Manatee, Inc.**
7810 South Tamiami Trl, Ste A7
Venice, FL 34293-5132
(941) 492-4717
<http://www.jfcs-cares.org>
Counseling and psychotherapy to individuals and families, family life education, adolescent and children's services.
- **Sarasota County Mental Health Court**
1750 17th St
Sarasota, FL 34234
(941) 953-0000
<http://www.coastalbh.org>
Serves consumers who have committed a misdemeanor and have a mental health/co-occurring disorder.
- **Sarasota Memorial Hospital Bayside Center for Behavioral Health**
1625 S Osprey Ave
Sarasota, FL 34239-2928
(941) 917-6900
<http://www.smbh.com>
 - » Baker Act receiving facility (private)
 - » Individual and group therapy, outpatient growth groups, clinical assessment, Inpatient services, outpatient, support group meetings.
- **Hillsborough County Sheriff's Office**
PO Box 3371
Tampa, FL 33601-3371
(813) 247-8000
<http://www.hcso.tampa.fl.us>
- **Lee County Sheriff's Office**
14750 Six Mile Cypress Pkwy
Fort Myers, FL 33912
(239) 477-1000
<http://www.sherifflee.fl.us>
- **Manatee County Sheriff's Office**
600 US Highway 301 Boulevard W
Bradenton, FL 34205
(941) 747-3011
<http://www.manateesheriff.com>
- **Pasco County Sheriff's Office**
8700 Citizen Dr.
New Port Richey, FL 34654-5501
(727) 847-5878
<http://www.pascosheriff.org>
- **Pinellas County Sheriff's Office**
PO Box 2500
Largo, FL 33779-2500
(727) 582-6200
<http://www.pcsoweb.com>
- **Polk County Sheriff's Office**
455 North Broadway Ave
Bartow, FL 33830
(888) 333-3333
<http://www.polksheriff.com>
- **Hendry County School District**
Director, Exceptional Student Education
(863) 983-1507
- **Highlands County Schools**
426 School Street
Sebring, FL 33870
Director, Student Support Services:
(863) 471-5583
- **Hillsborough County Schools**
Exceptional Student Education
1202 Palm Ave
Tampa, FL 33605
(813) 273-7025
<http://ese.mysdhc.org/>
- **Lee County School District**
Coordinator, Psychological Services
(239) 337-8186
 - » Coordinator, Autism Spectrum Disorder Program
(239) 337-8326
 - » Exceptional Student Education Parent Liaison
(239) 337-8621
- **Manatee County, School District of**
Exceptional Student Education Department
215 Manatee Avenue West
Bradenton, FL 34205
(941) 755-3333
<http://www.manateeschools.org/>

Government Agencies

- **Centers for Disease Control and Prevention (CDC)**

The CDC is an agency of the U.S. Department of Health and Human Services. It provides statistics, publications, health information, and funding announcements.

<http://www.cdc.gov>

- **National Institutes on Mental Health (NIMH)**

The NIMH is the largest scientific organization in the world dedicated to research focused on the understanding, treatment, and prevention of mental disorders and the promotion of mental health. Use search function to find free publications by topic and science news by topic including both mental health conditions and autism. Publications are also available in Spanish.

<http://www.nimh.nih.gov>

Autism Resources

- **The Autism Society of America (ASA)**

The Autism Society of America web site is the largest national autism organization in the United States. Individuals can find a local chapter through the ASA website.

<http://www.autism-society.org>

- **Center for Autism and Related Disabilities at the University of South Florida (CARD-USF)**

CARD provides support and assistance with the goal of optimizing the potential of people with autism and related disabilities. Visit our website to learn more about CARD services, training, and technical assistance.

Call (800) 333-4530 for more information.

<http://card-usf.fmhi.usf.edu>

End Notes/ References

1. Van Ameringen, M., Mancinia, C., & Farvolden, P. (2003). The impact of anxiety disorders on educational achievement. *Journal of Anxiety Disorders, 17*, 561-571.
2. Pavuluri, M., O'Connor, M., Harral, E., Moss, M., Sweeney, J. (2006). Impact of Neurocognitive Function on Academic Difficulties in Pediatric Bipolar Disorder: A Clinical Translation. *Biological Psychiatry, 60*, 951-956.
3. Aluja, A., Blanch, A. (2004). Depressive Mood and Social Maladjustment: Differential Effects on Academic Achievement. *European Journal of Psychology of Education, 19*, 121-131.
4. Grisso, T., & Barnum, R. (2000). *Massachusetts Youth Screening Instrument second version: User manual and technical report*. Worcester, MA: University of Massachusetts Medical School.
5. Trupin, E., & Boesky, L. (1999). *Working together for change: Co-occurring mental health and substance use disorders among youth involved in the juvenile justice system: Cross training, juvenile justice, mental health, substance abuse*. Delmar, NY: The National GAINS Center
6. Weist, M., Rubin, M., Moore, E., Adelsheim, S., & Wrobel, S. (2007). Mental health screening in schools. *Journal of School Health, 77* (2), 53-58.
7. Simonoff, E., Pickles, A. C., Chandler, S., Loucas, T., & Baird, G. (2008). Psychiatric disorders in children with autism spectrum disorders: prevalence, comorbidity, and associated factors in a population-derived sample. *Journal of the American Academy of Child and Adolescent Psychiatry, 47*, 921-929.
8. Ghaziuddin, M., Weidmer-Mikhail, E. & Ghaziuddin, N. (1998). Comorbidity of Asperger syndrome: A preliminary report. *Journal of Intellectual Disability Research, 42*, 279-283.
9. American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition (DSM-IV)*. Washington, DC: American Psychiatric Association.
10. American Psychiatric Association. (2000). *Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition Text Revision (DSM-IV-TR)*. Washington, DC: American Psychiatric Association.
11. Bryson SE. (1997). *Epidemiology of Autism: Prevalence, Associated Characteristics and Implications for Service Delivery*. Paper presented at the Autism Workshop of the U.S. Centers for Disease Control and Prevention and the National Alliance for Autism Research, Atlanta, GA.
12. Bryson, S.E., & Smith, I.M. (1998). Epidemiology of autism: prevalence, associated characteristics, and implications for research and service delivery. *Mental Retardation and Developmental Disabilities Research Review, 4*, 97-103.
13. Leyfer, O. T., Folstein, S. E., Bacalman, S., Davis, N. O., Dinh, E., Morgan, J., et al. (2006). Comorbid psychiatric disorders in children with autism: interview development and rates of disorders. *Journal of Autism and Developmental Disorders, 36*, 849-861.
14. Cath, D. C., Ran, N., Smit, J. H., van Balkom, A. J. L. M. & Comijs, H. C. (2008). Symptom overlap between autism spectrum disorder, generalized social anxiety disorder and obsessive-compulsive disorder in adults: A preliminary case-controlled study. *Psychopathology, 41*, 101-110.
15. Munesue, T., Ono, Y., Mutoh, K., Shimoda, K., Nakatani, H. & Kikuchi, M. (2008). High prevalence of bipolar disorder comorbidity in adolescents and young adults with high-functioning autism spectrum disorder: A preliminary study of 44 outpatients. *Journal of Affective Disorders, 111*, 170-175
16. Matson, J. L., & Nebel-Schwalm, M. S. (2007). Comorbid psychopathology with autism spectrum disorder in children: an overview. *Research in Developmental Disability, 28*, 341-352.
17. Abramson, R., Ravan, S., Wright, H., Wieduwilt, K., Wolpert, C., Donnelly, S, Pericak-Vance, M.A. & Cuccaro, M.L. (2005). The relationship between restrictive and repetitive behaviors in individuals with autism and obsessive compulsive symptoms in parents. *Child Psychiatry & Human Development, 36*, 155-165
18. Lainhart, J., & Folstein, S. (1994, October). Affective disorders in people with autism: A review of published cases. *Journal of Autism and Developmental Disorders, 24*, 587-601.
19. Kutash, K., Duchnowski, A.J., & Lynn, N. (2006). *School-Based Mental Health: An Empirical Guide for Decision-Makers*. Tampa, FL: Research and Training Center for Children's Mental Health, Department of Child and Family Studies, Florida Mental Health Institute, University of South Florida.
20. Rapee, R.M., Spence, S.H., Cobham, V., Wignall, A. (2000). *Helping Your Anxious Child*. Oakland, CA: New Harbinger Publications, Inc.
21. Bashe, P.R. & Kirby, B.L. (2005). *The OASIS Guide to Asperger Syndrome*. New York: Crown Publishing Group.
22. Ryan, R. (2001). *The Handbook of Mental Health Care for Persons with Developmental Disabilities*. Canada: Diverse City Press.



Florida's First Choice for Autism Support

The Center for Autism & Related Disabilities (CARD) provides support and assistance with the goal of optimizing the potential of people with autism and related disabilities.

Center for Autism and Related Disabilities
Department of Child and Family Studies
Louis de la Parte Florida Mental Health Institute
College of Behavioral and Community Sciences
University of South Florida MHC 2113A
13301 Bruce B. Downs Blvd.
Tampa, FL 33612

In Florida: 1-800-333-4530 or 813-974-2532
<http://card-usf.fmhi.usf.edu>

