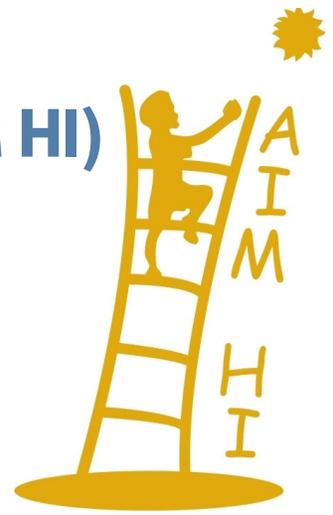


An Individualized Mental Health Intervention for Children with ASD (AIM HI)

(Brookman-Frazee & Drahota, 2010; Brookman-Frazee, Chlebowski, & Drahota, 2016)

AIM HI is a package of evidence-based intervention strategies designed to reduce challenging behaviors in children with autism spectrum disorder ages 5 to 13. The AIM HI clinical intervention is paired with a mental health provider training model.



About AIM HI

- ✓ Can be delivered in clinic and school-based mental health programs providing ongoing psychotherapy or counseling services.
- ✓ Can be used by providers both with and without previous ASD experience.
- ✓ Includes a series of protocol steps and within-session elements aimed to help providers teach children to use positive alternative skills and caregivers complementary strategies to support child skill-building and manage challenging behaviors.
- ✓ Sessions are structured to maximize child and caregiver engagement and skill-building.
- ✓ Requires approximately 6 months to complete the steps in the treatment protocol.
- ✓ Learning AIM HI involves participation in an introductory workshop and delivering the intervention to at least one family with ongoing consultation and coaching from an expert trainer.

What will providers learn in AIM HI?

Providers will learn to develop treatment plans for clients with ASD, actively engage children with ASD in therapy sessions, collaborate with caregivers, and use “active teaching” strategies to teach children and caregivers new skills.

How was AIM HI developed?

1

The need for AIM HI was identified through a community needs assessment and a review of the literature on evidence-based mental health interventions for children with ASD.

2

Community stakeholders partnered with researchers and ASD experts to create the intervention and therapist training materials.

3

Materials were refined based on therapist and parent feedback in a pilot study.

What providers say about AIM HI

AIM HI gave me a very good language to understand and break down what is going on with my patients, how to structure things, and a way to get the family involved...It's changed the model of how I'm working with the kids.

It definitely helped to structure the sessions knowing that I had a specific skill that I was targeting that session. I liked being more focused, especially with these kids who need that structure.

It definitely helped because I deal with a lot of kids who have externalizing behavior where behavioral interventions are really relevant. It's given me a framework, a place to start, and a progression of intervention that I appreciate.