



Southeast (HHS Region 4)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

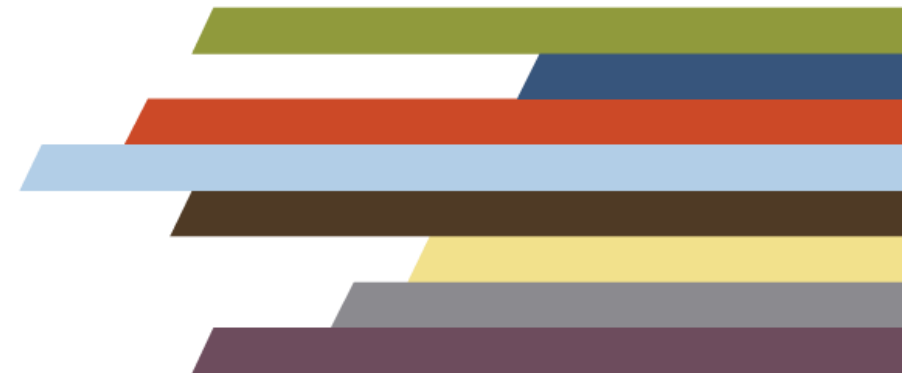
Supporting the Mental Health of Students with Intellectual and Developmental Disabilities

Katherine Pickard, PhD

Emory University School of Medicine

September 8, 2021

SAMHSA
Substance Abuse and Mental Health
Services Administration



DISCLAIMER

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).



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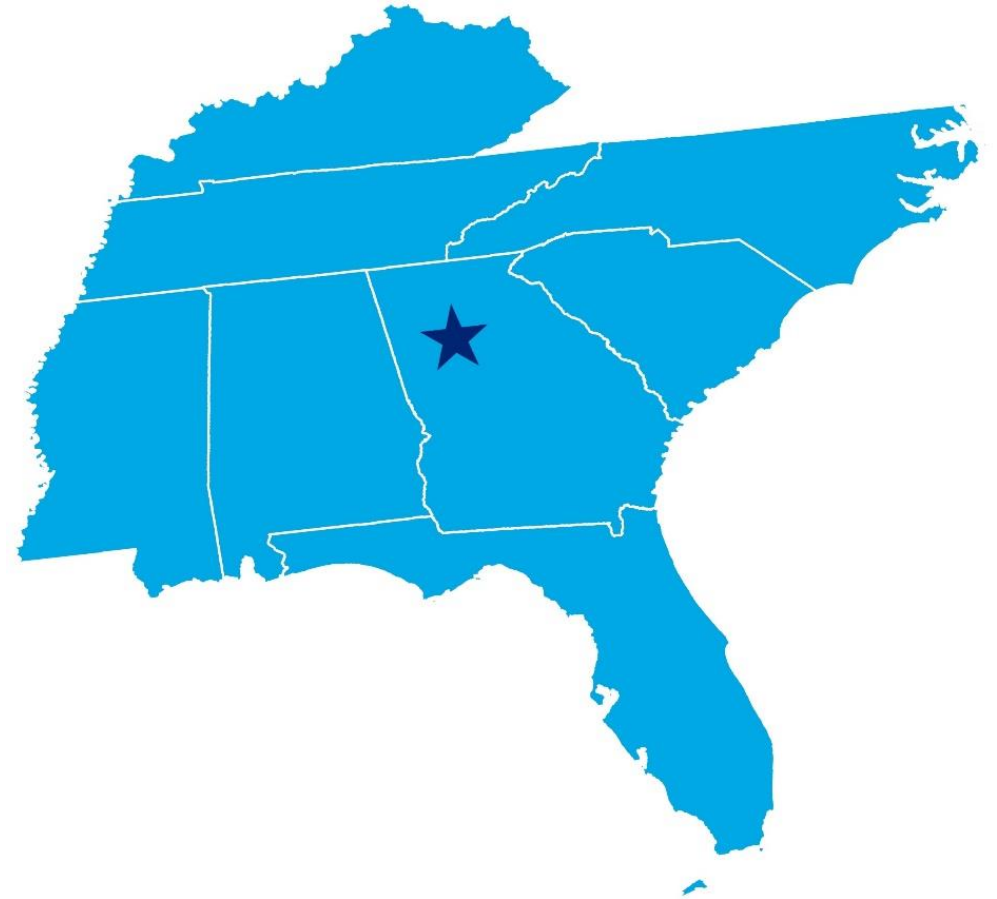
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The Southeast MHTTC is located at Emory University in the Rollins School of Public Health.

Our Mission: To promote the implementation and sustainability of evidence-based mental health services in the Southeastern United States.

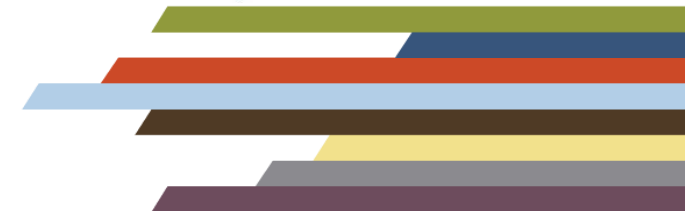
Our Vision: Widespread access to evidence-based mental health services for those in need.

Our Services: We use a public health approach to build leadership capacity and to provide mental health trainings and resources to providers, agencies, and communities across the Southeast.



SAMHSA

Substance Abuse and Mental Health
Services Administration



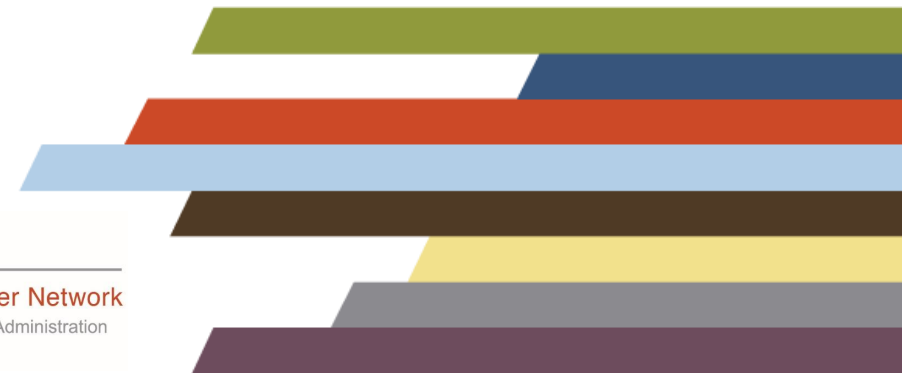
Katherine Pickard, PhD

Assistant Professor

Emory University, Department of Pediatrics, Division of Autism and Related Disabilities

Research and Clinical Interests

- Translating best practice interventions for autism into community settings.
- Extensive work within early intervention and public school systems.

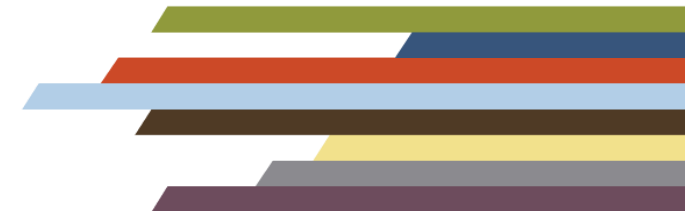


Part 1: Objectives

Define intellectual and developmental disabilities (IDDs) and describe signs of mental health challenges in students with IDD.

By the end of the webinar, participants will be able to:

1. Identify students with intellectual and developmental disabilities (IDDs)
2. Identify mental health challenges in students with IDD at school.
3. Describe risk factors for students with IDD to develop mental health conditions.



Poll Series 1

1. What is your professional role?
2. How much of your professional time do you spend working with students with IDD?
3. How much of your professional time do you spend supporting the behavior and/or mental health of students with IDD?
4. To what extent do you feel that the behavior or mental health of students with IDD is overlooked or missed?

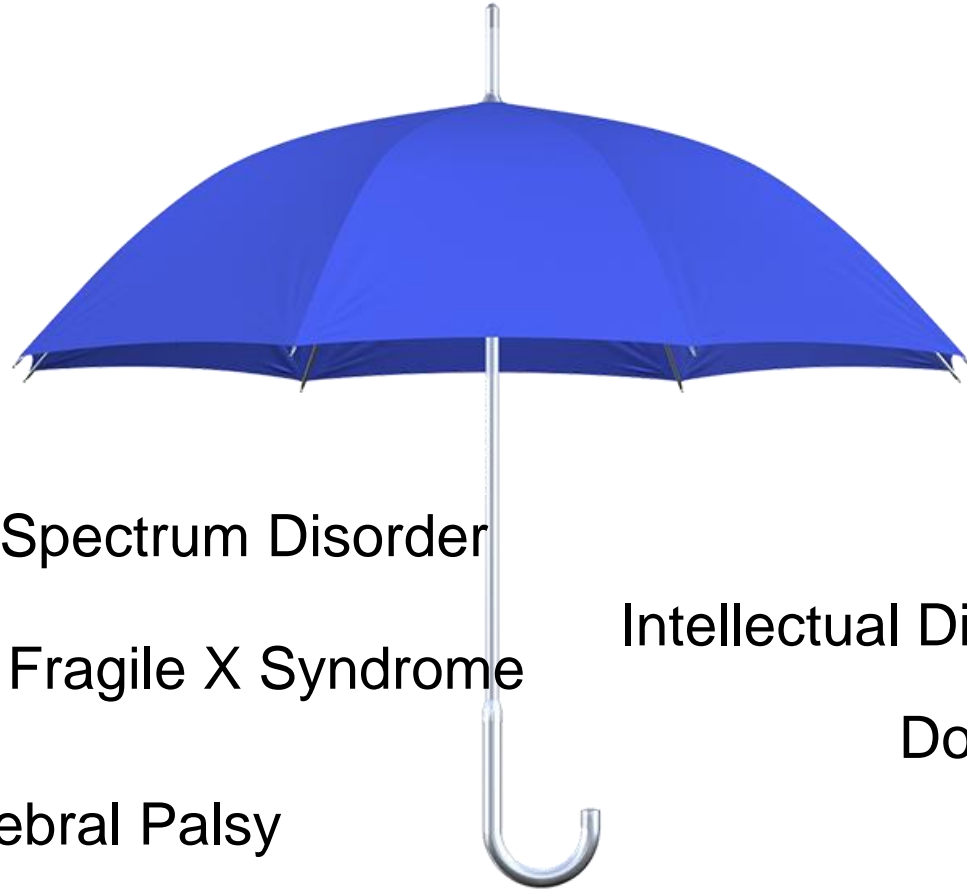
Intellectual and Developmental Disability

- Intellectual and developmental disabilities (IDDs) are disorders that are usually present at birth and that uniquely affect the trajectory of a person's physical, intellectual, and/or emotional development.
- Many of these conditions affect multiple body parts or systems.
- IDD is the umbrella term used to describe situations in which intellectual disability and/or other developmental disabilities are present.

Intellectual and Developmental Disability

- Intellectual disability starts any time before a child turns 18 and is characterized by differences with both:
 - Intellectual functioning or intelligence, which include the ability to learn, reason, problem solve, and other skills
 - Adaptive behavior, which includes everyday social and life skills.
- Developmental Disability is a broader category of often lifelong challenges that can be intellectual, physical, or both.

Intellectual and Developmental Disabilities



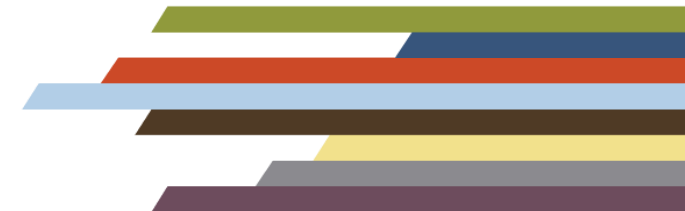
Autism Spectrum Disorder

Fragile X Syndrome

Cerebral Palsy

Intellectual Disability

Down Syndrome



Autism Spectrum Disorder

- Characterized by deficits in social communication and the presence of restricted and repetitive patterns of behavior.

Social Communication

Nonverbals; Eye contact

Conversation

Relationships

Perspective taking

Interests and Behavior

Special interests

Sensory differences

Black-and-white thinking

Repetitive behaviors

Autism Spectrum Disorder

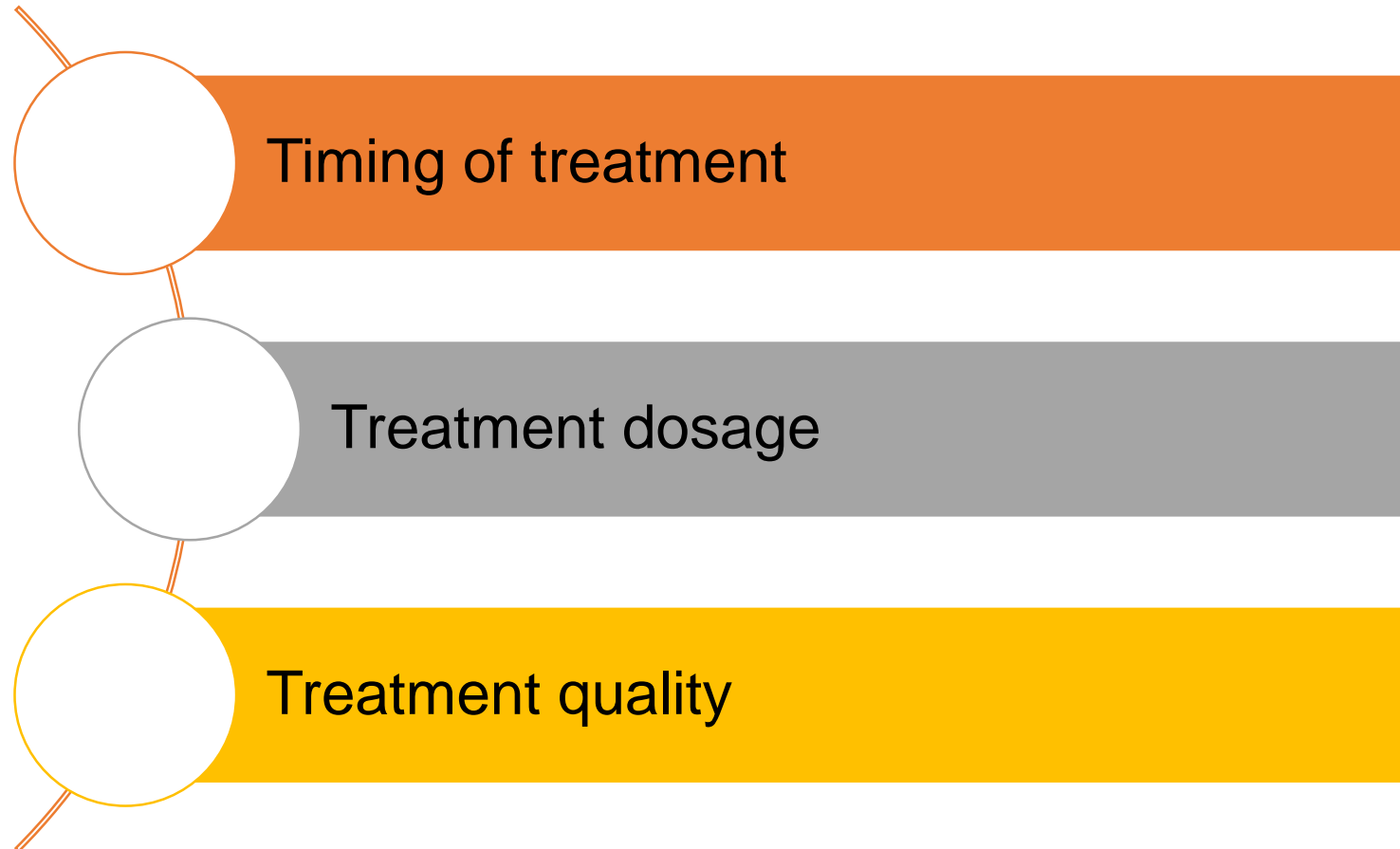
Level	Description
1	<ul style="list-style-type: none">• Needing some support for social for social interactions, organization, and making transitions.• Able to be in the general education setting with minimal support.
2	<ul style="list-style-type: none">• Needing moderate support for social interactions.• Repetitive behaviors may be more impairing.• Able to be in the general education setting for a period of time and with more support.
3	<ul style="list-style-type: none">• Needing significant support for social interaction and communication.• Restricted interests and difficulty with transitions are pronounced.• Usually needing specialized support within a classroom for children and teens with more significant needs.

Autism Spectrum Disorder

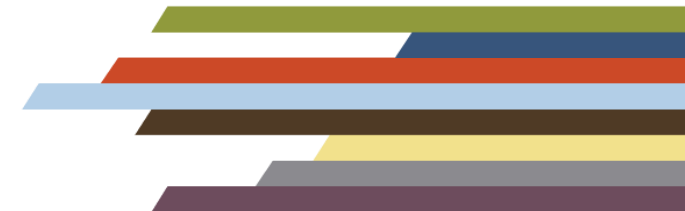
- 1 in 54 Children
 - Increased significantly since the early 90s
- Male: Female ratio is 4:1
 - 1 in 38 boys
 - 1 in 152 girls

Individualized services are recommended from an early age and are tailored across the lifespan in response to a changing profile of strengths and need

Service Access Issues

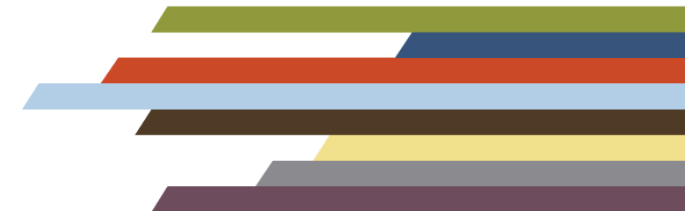
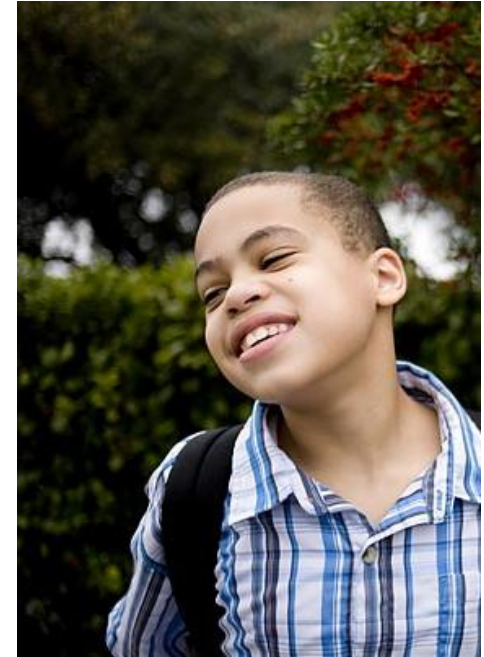


(Angell et al., 2018; Mangaña et al., 2012; Zuckerman et al., 2017)



Schools are Ideal to Address Service Access

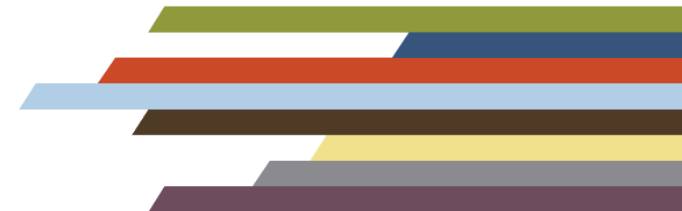
- Over half of students receive mental health services within schools.
- About **75%** of youth with IDD receive formal services within public schools through an Individualized Education Plan (IEP).
- Delivering mental health programs within schools may reduce barriers to accessing these services within the community.



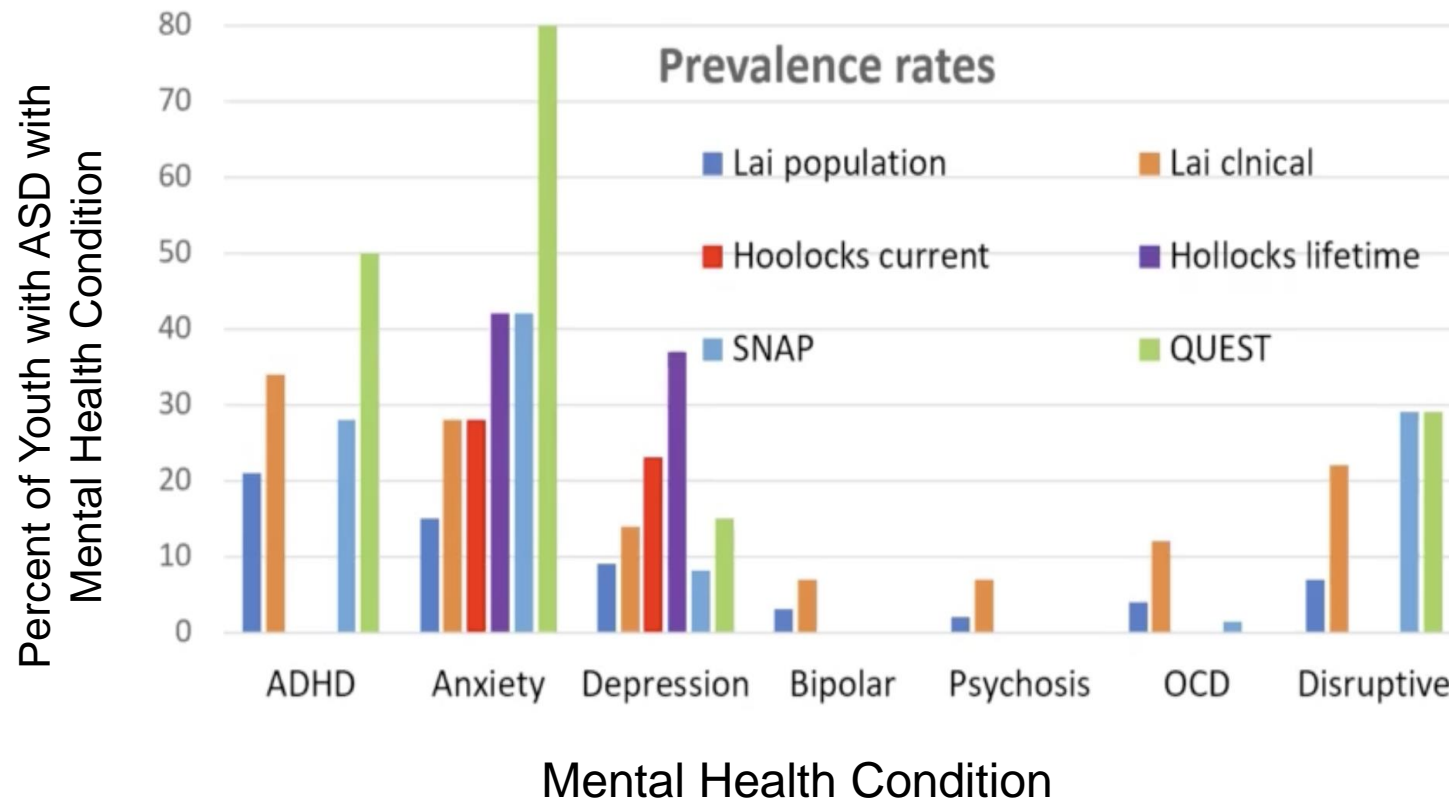
Polling Series 2

Mental health services for students with IDD within our school are:

- Readily available
- Available but difficult to access
- Not available



Prevalence of Mental Health Challenges in ASD



(Ghandour et al., 2019; Hossain et al., 2020; Lai et al., 2019)

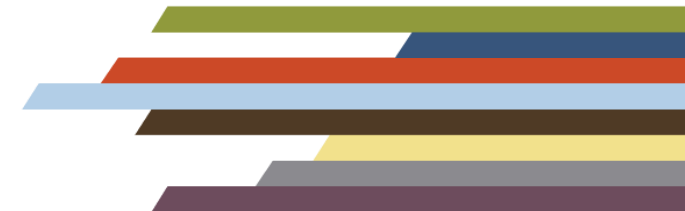
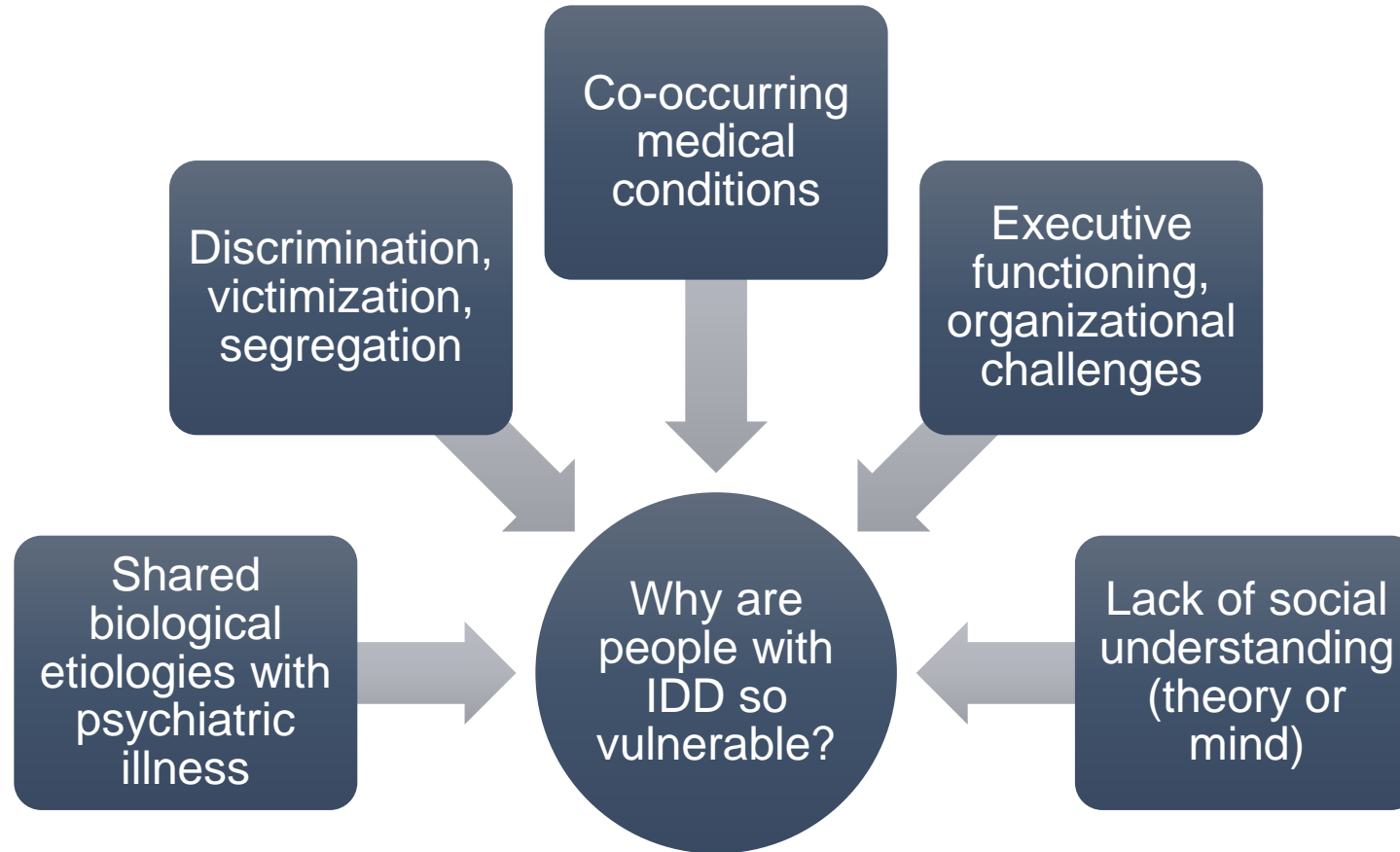
Prevalence of Mental Health Challenges in ASD

Mental Health Category	ASD	General Population
ADHD	28%	7.2%
Anxiety	20%	7.3%
Depression	11%	4.7%
Bipolar Disorders	5%	0.7%
Schizophrenia	4%	0.4%

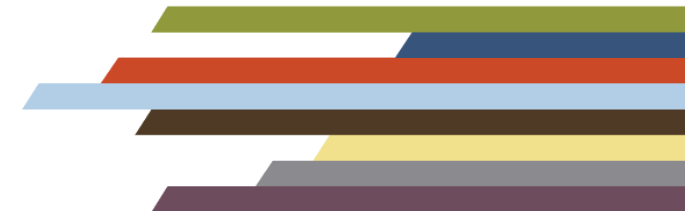
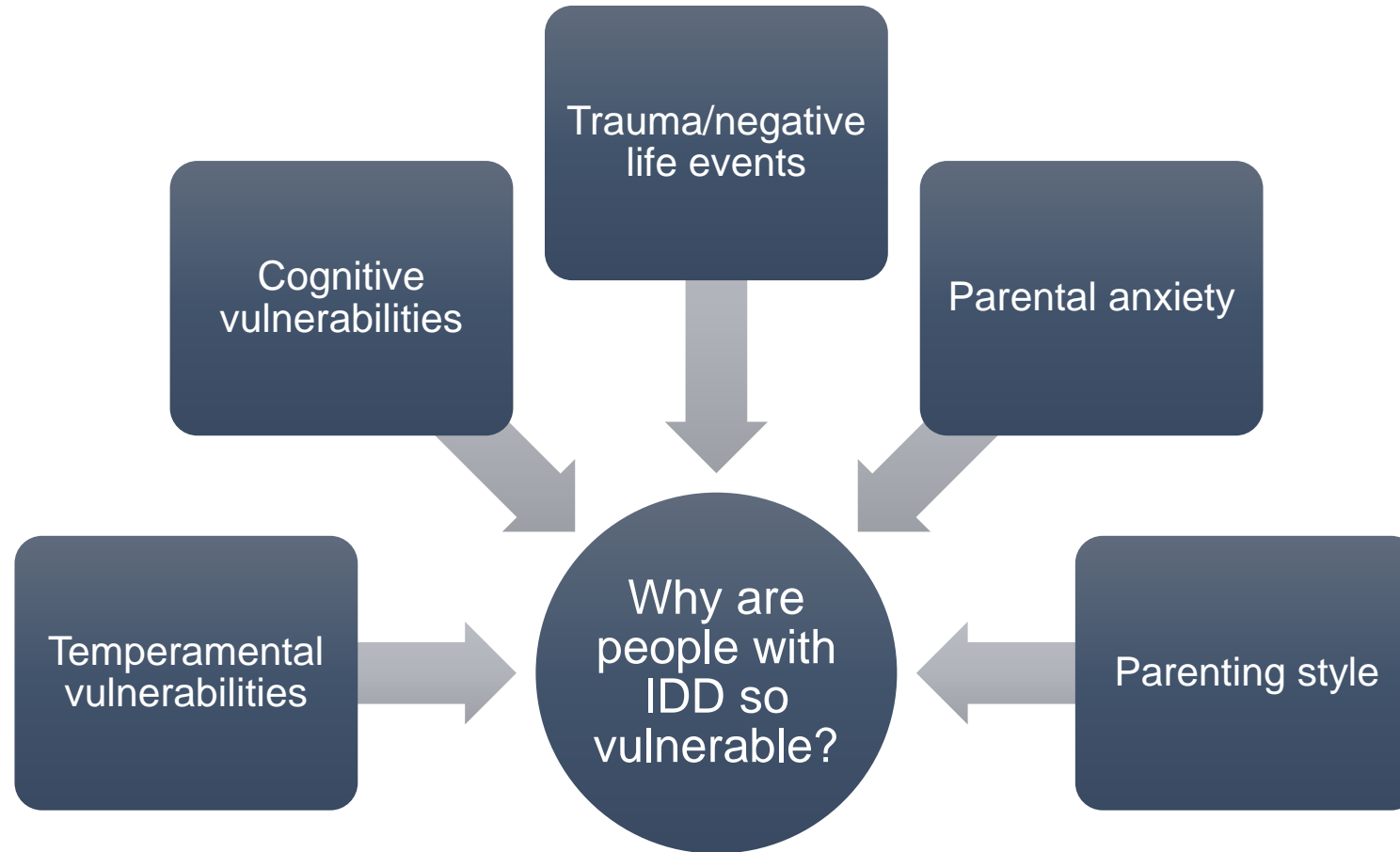
(Ghandour et al., 2019; Lai et al., 2019)



Increased Vulnerability to Mental Health Challenges



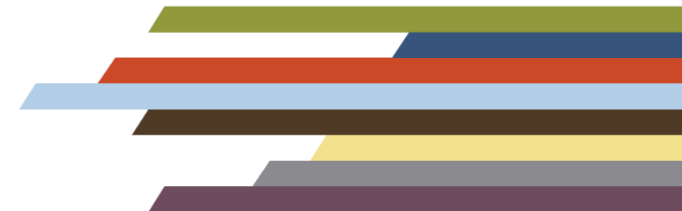
Other Contributing Factors



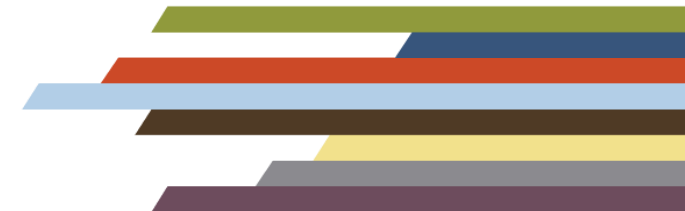
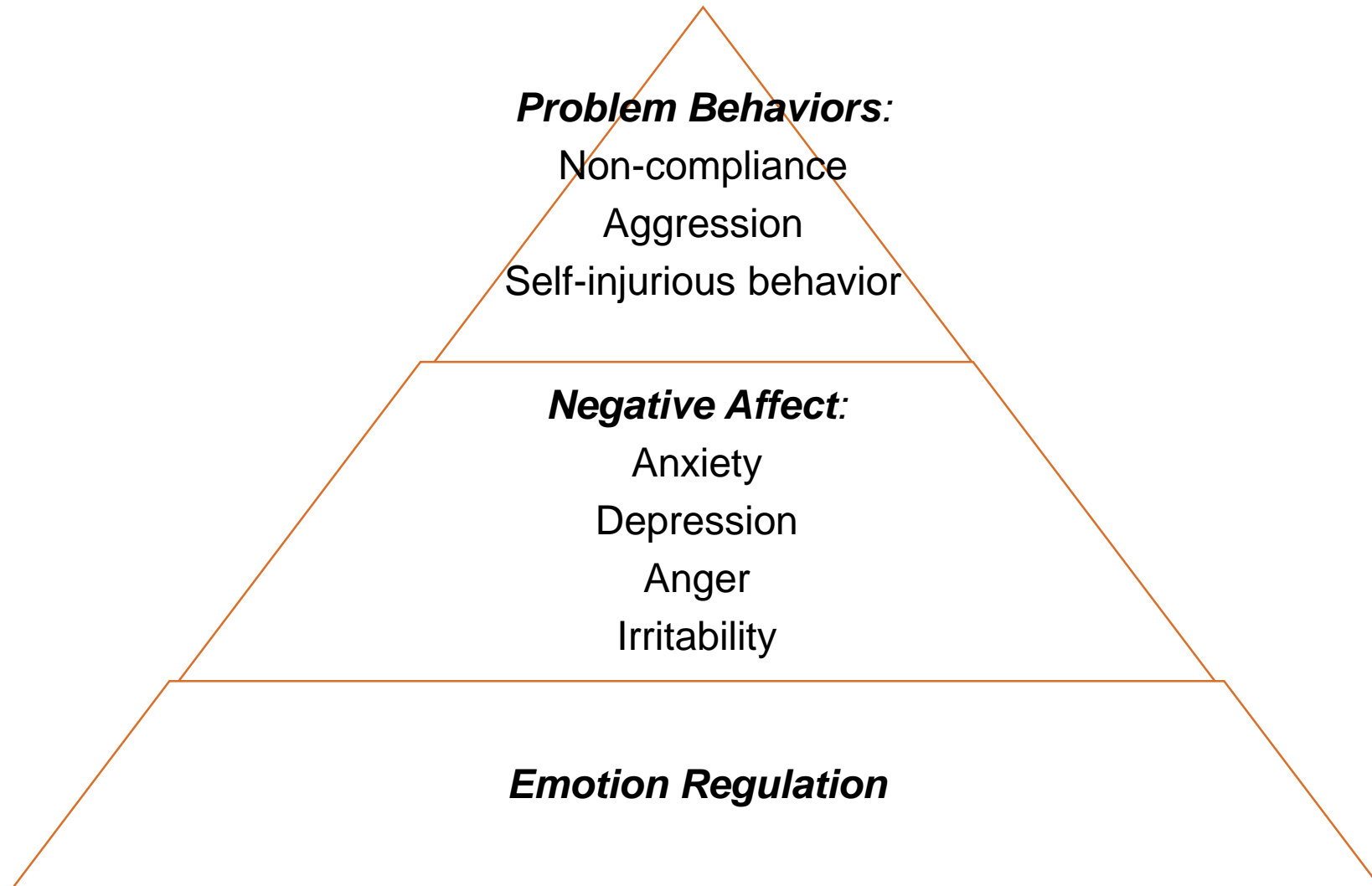
Emotion Regulation at the Heart of Mental Health

- The ability to recognize and *manage* emotions in reaction to the environment
- Deficits in emotion regulation may be a risk factor and underlie many mental health symptoms
- Emotional reactivity – 0-100!

(Weiss, 2014; White, 2014)



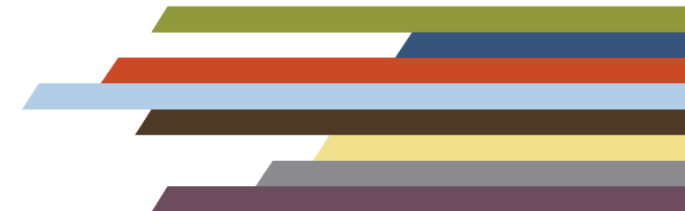
Emotion Regulation



Challenges Identifying Mental Health



(Kerns et al., 2017; Reiss and Szyszko, 1983)

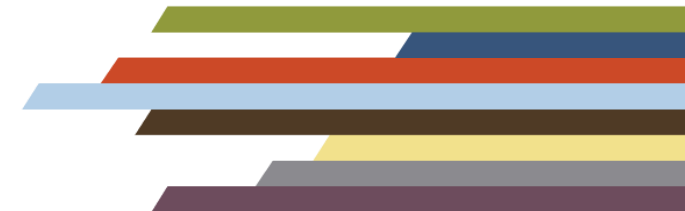
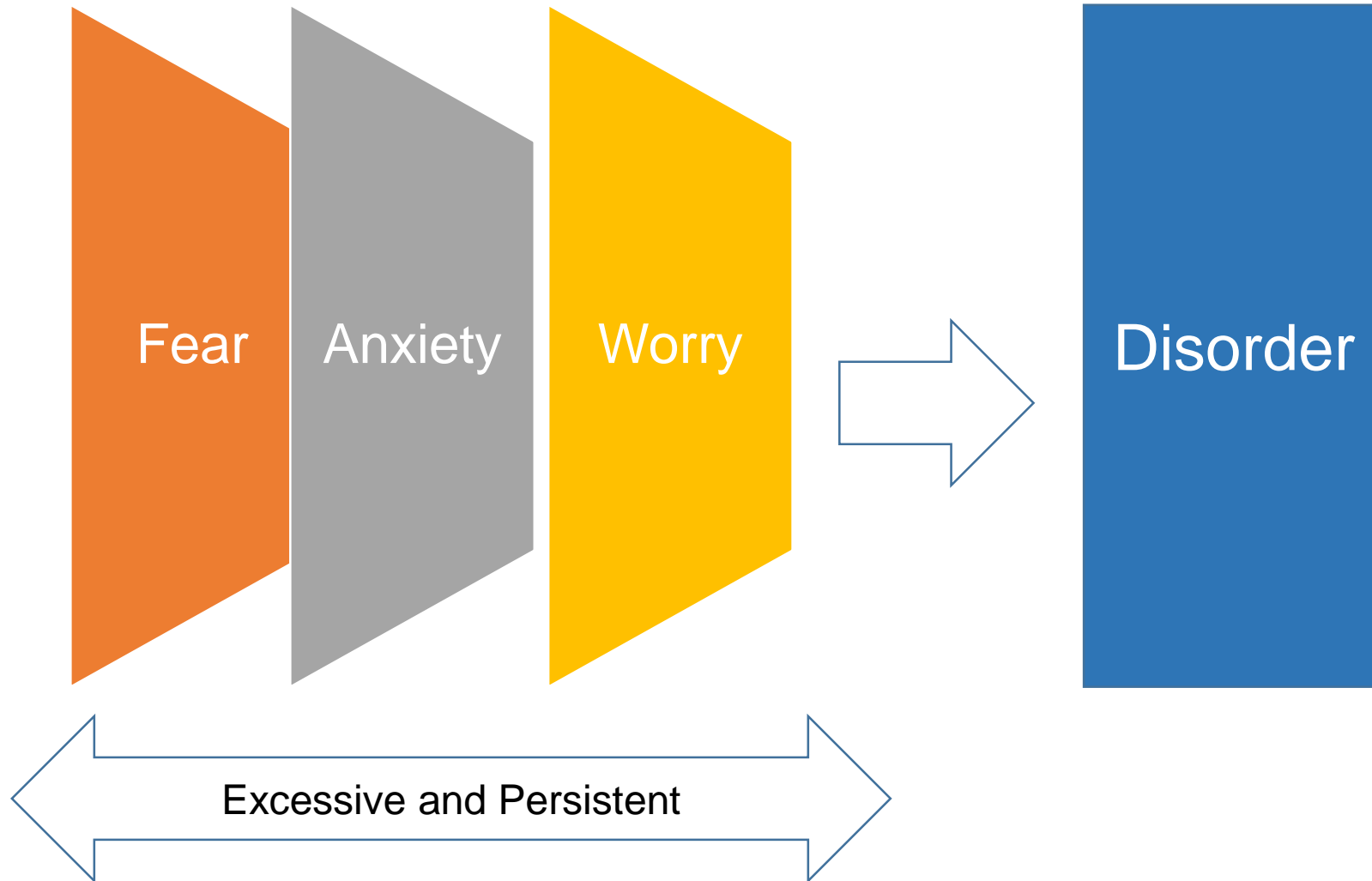


Challenges Identifying Mental Health

- Problem Behaviors: Aggression, self-injury, or other difficult behaviors are seen “naughty” behavior rather than mental health challenges.
- Diagnostic Overshadowing: Symptoms of anxiety and other mental health challenges are seen as ASD or an IDD.
- Diagnostic Overlap: Shutting down or not talking to peers is a symptom of ASD and also a symptom of social anxiety.
- Psychosocial Masking: Students may be able to “hide” their anxiety or mental health challenges at school due not wanting to appear different.
- Symptoms Present Differently: In youth with ASD, anxiety may also look like an increase in ASD symptoms, such as more repetitive behaviors.



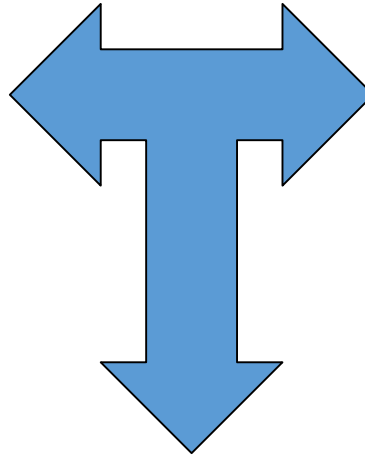
Anxiety



Common Anxiety Symptoms in the General Population

Physiological:

- Arousal; rapid heart rate
- Shaking/restlessness
- Anxious facial expression
- Crying/screaming
- Sleep/eating disturbance

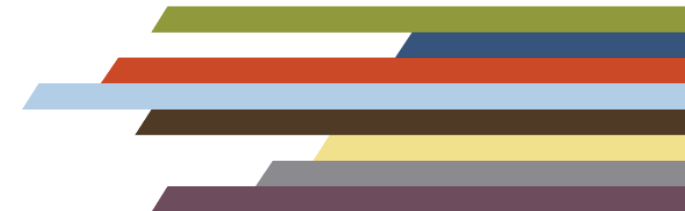


Cognitive:

- Cognitive distortions
- Negative self talk
- Rumination
- Worry
- Anticipation of negative events

Behavioral:

- Avoidance/withdrawal
- Reassurance seeking



Common Categories of Anxiety in the General Population

Specific Fears:

- Animals, bugs, doctors, dark
- Crowds

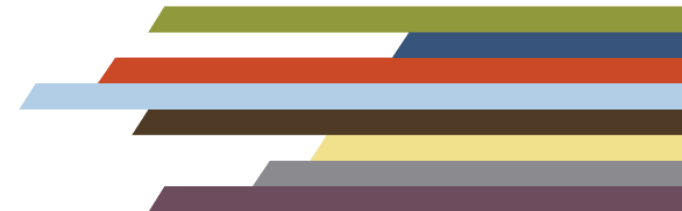
Separation from Caregiver

Social Fears:

- Worries what others think
- Teased/bullied

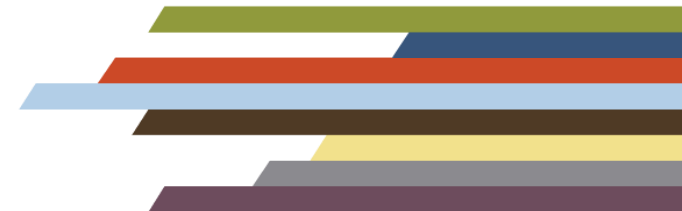
Chronic Worry:

- School performance
- Death and dying
- The future

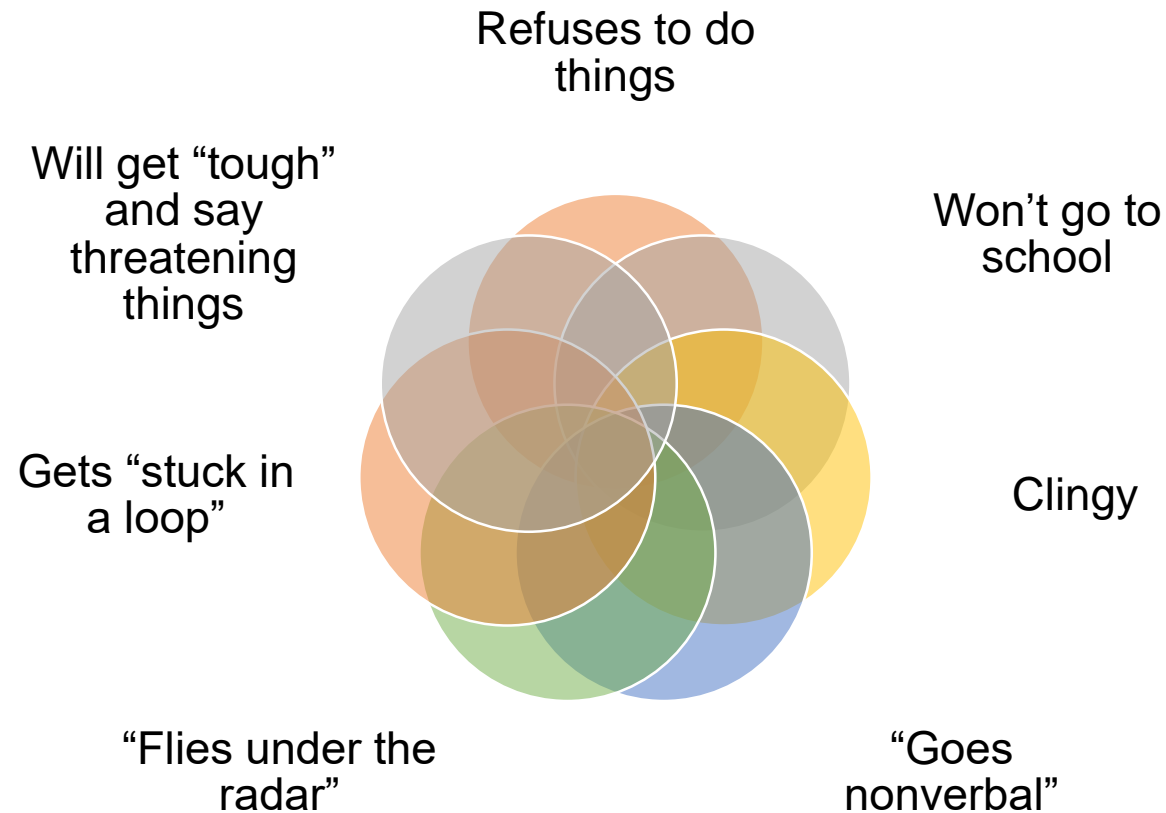


Additional Distinct Anxieties in ASD and IDD

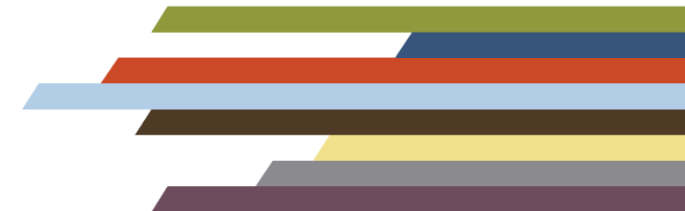
- Idiosyncratic fears
 - Fans, graffiti, beards, people who look different, mechanical objects
- Transitions/change (if anticipation of the change)
- Sensory oversensitivity
- Confusion/fear about social situations (in the absence of negative evaluation)
- Prevention from engaging in special interests



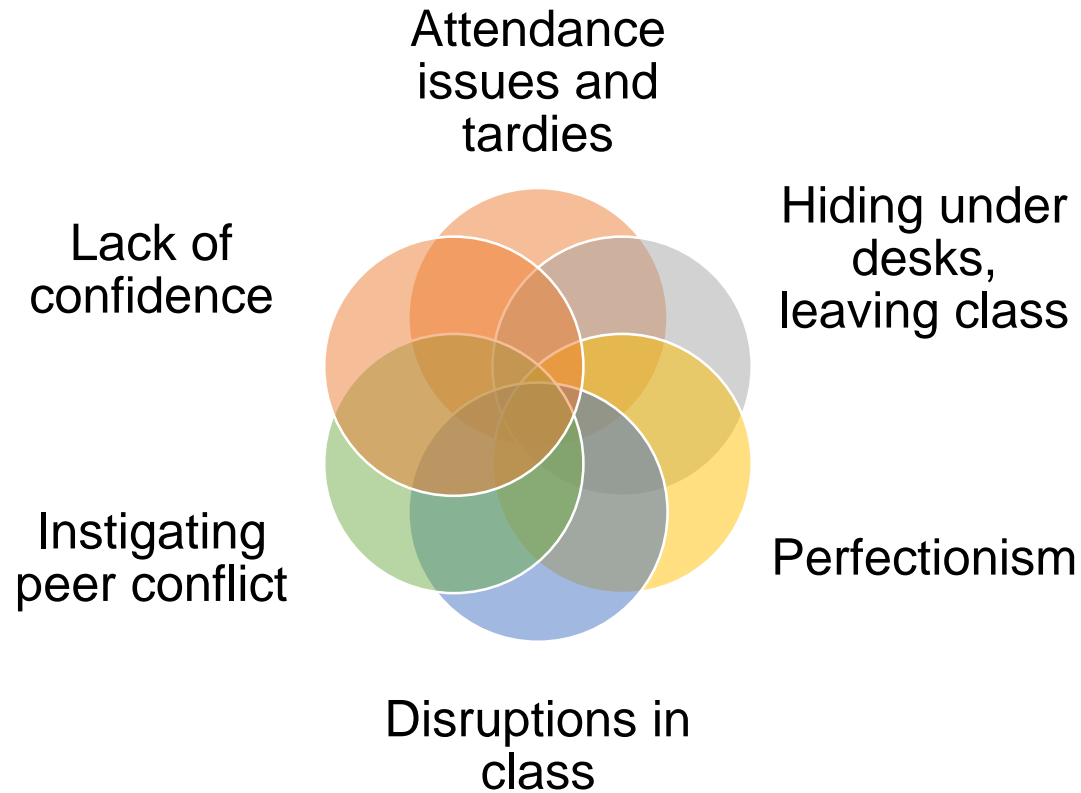
Anxiety Symptoms Reported by Parents of Youth with ASD and IDD



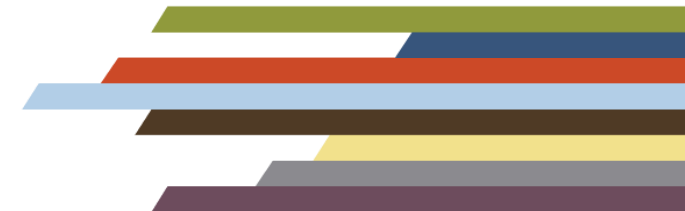
(Reaven et al., 2020)



Anxiety Symptoms Reported by School Providers Serving Youth with ASD

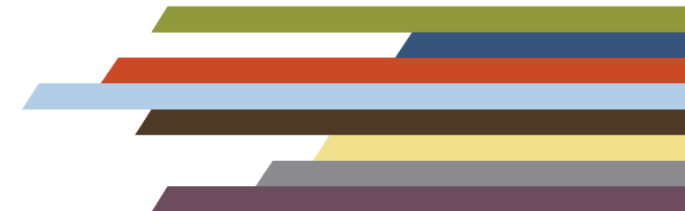


(Reaven et al., 2020)



School Interference

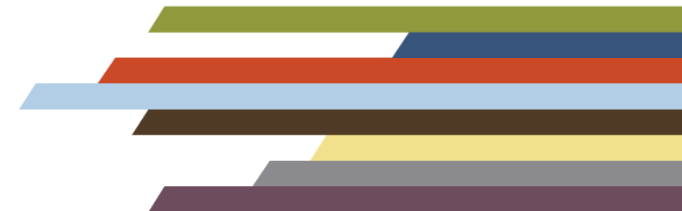
- School refusal which can look like absences and tardies.
- More ASD symptoms, including being less engaged or having more repetitive behaviors
- Reduced extra-curricular participation
- Trips to the nurse's office due to physiological anxiety symptoms (e.g., headache, stomach ache)
- Lots of avoidance, which can look like shutting down in class or “non-compliance”



Poll Series 3

For me, identifying the signs of anxiety and other mental health challenges in students with IDD is difficult because (can choose more than one):

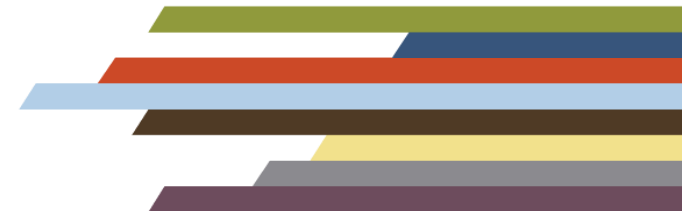
- Limited professional training
- The student has other needs are more pressing (e.g., behavior, learning)
- Misinterpreting behavior
- Limited availability of screening tools
- Staff shortages
- Other students in the classroom also have significant needs
- Not currently a school priority



Poll Series 3

In students with IDD, anxiety most often shows up in our school as (choose all that apply):

- Refusing to come to school or being chronically late to school
- Challenging behavior such as aggression or self-injury
- Disruptive behavior such as interrupting the class
- Zoning out or not paying attention
- Elopement (e.g., trying to leave the classroom)
- Crying, screaming
- Shutting down (e.g., putting head on the desk)



Top Reasons to Treat Anxiety in Schools

1. Anxiety Disorders are Common in Students with IDD

- 13-20% prevalence of anxiety in the general population.
- At least 20% of youth with ASD met criteria for anxiety disorder

2. Anxiety gets in the Way of School Performance

- Anxiety places students at risk for academic, social, and emotional problems.
- Gets in the way of friendship and extra-curricular activities.

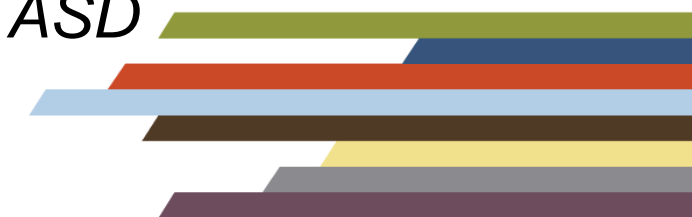
Top Reasons to Treat Anxiety in Schools

3. It is Ideal to Treat Anxiety in Schools

- Anxiety disorders are treatable for students with IDD using cognitive behavioral therapy.
- Cognitive Behavior Therapy (CBT): a type of structured therapy that supports students in:
 1. Identifying their emotions
 2. Learning strategies to calm their bodies
 3. Using “helpful” thoughts (i.e., positive self-talk)
 4. Facing their fear a little bit at a time

*CBT is the gold standard treatment for students with ASD
and IDD and it works well!*

(Ali et al., 2019; Reaven et al. 2012; Wood et al. 2009)



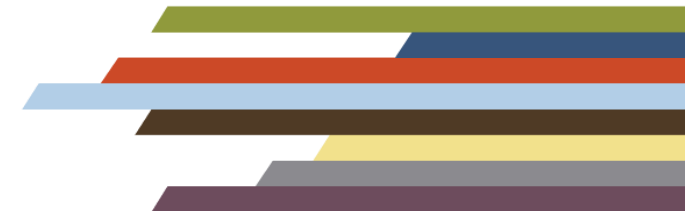
Top Reasons to Treat Anxiety in Schools

4. Access to Treatment

- Schools are the ideal setting to support youth with ASD and other IDD's.
 - Schools have the potential to increase access to care for students from underserved backgrounds.
 - Anxiety symptoms interfere with school functioning.
 - It is ideal to treat symptoms in the location where they get in the way because you can make a more meaningful difference.

Case Study #1

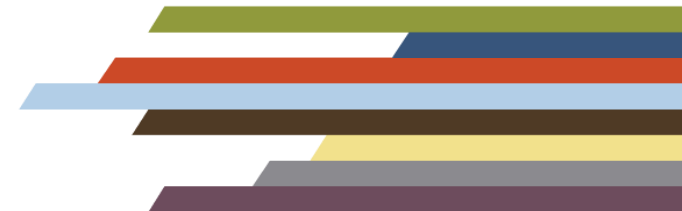
Darnell is in the fifth grade. He received a diagnosis of autism when he was three and received an IEP at that time. His social skills have improved significantly, however, he still qualified for an IEP under the identification of ASD. He has one friend who shares his interest in cars and videogames (e.g., Minecraft). Darnell participates in General Education. He does well, but he does not like group work, and is quick to correct others if they don't follow the rules of the project. Peers are starting to make fun of him and call him the "rules police." When there is a group project, he is now saying "I don't want to do it" or goes to the nurse with complaints of a stomach ache. This is happening daily. He has a huge problem at PE and recess; he has shared that he hates losing, not getting picked for a team, or having people watch him do a sport that he's not good at. He is protesting going to both activities and asks to go to the library instead to read about cars. His school team is wondering if anxiety is at play and if treatment is needed.



Case Study #1: Polling

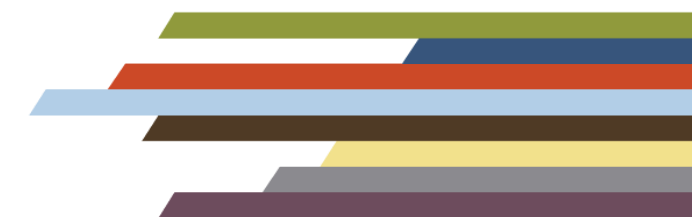
If so, what behavior cued you into mental health needs?

Why might the mental health need get missed in this situation?



Case Study #2

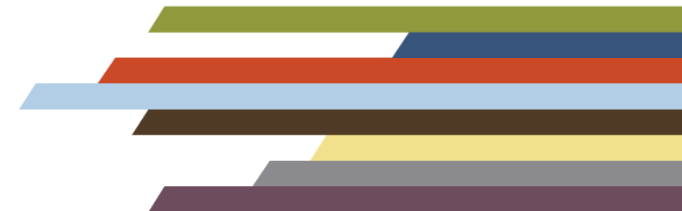
Sam is an 11 year-old boy who was adopted from Kyrgyzstan at the age of 4 by a single mother. He was severely neglected prior to that time, living in three different orphanages. He was later diagnosed with autism. After one or two difficult years adapting to life in the US and receiving trauma-informed therapy, he and his adoptive mother now have a very “tight connection”. Sam’s mother reported that although behavioral difficulties have improved over time, Sam continues to have meltdowns at school during drop off. He also appears worried if his mother does not arrive to pick him up from school exactly on time and has asked his teacher, “do you think my mom was in a car accident?” The last hour of the school day is very difficult for him to get work done. During this time, he often asks his teacher repeatedly if his mother will be on time to pick him up. He frequently experiences physical complaints and asks to call his mother all the time. He often appears distracted during work, and his classroom performance is poor.



Case Study #2: Polling

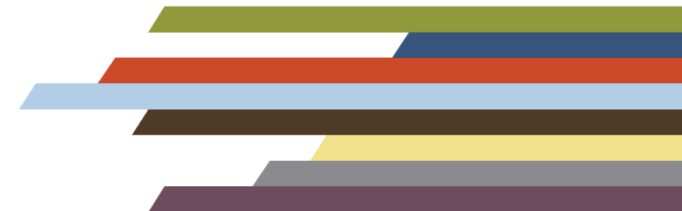
If so, what behavior cued you into mental health needs?

Why might the mental health need get missed in this situation?



Next Time ... Part 2 Objectives

1. Describe evidence-based approaches to support the mental health of students with IDD.
2. Weigh different ways that mental health programming can be delivered to students with IDD at school.
3. Plan for successful and sustainable mental health programming for students with IDD.
4. Know where to find additional resources to address mental health challenges in students with IDD.



Thank you!

Southeast MHTTC:

<https://mhttcnetwork.org/centers/southeast-mhttc/home>

Contact:

Katherine.e.pickard@emory.edu

Website:

<https://www.marcus.org/autism-research/autism-research-team/katherine-pickard>



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