



Southeast (HHS Region 4)

MHTTC

Mental Health Technology Transfer Center Network

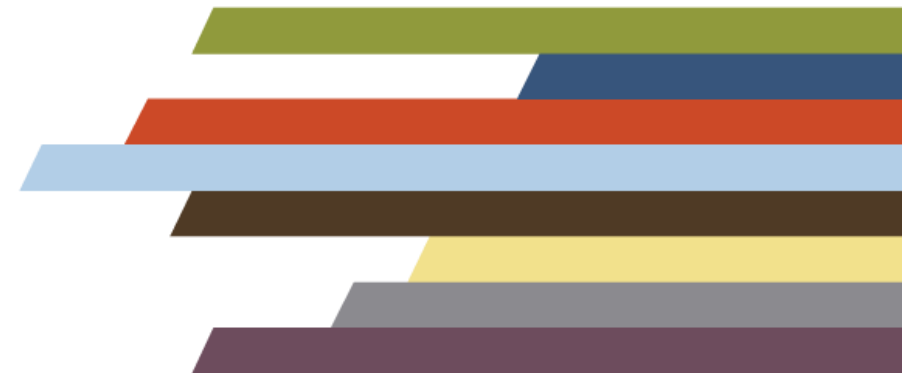
Funded by Substance Abuse and Mental Health Services Administration

# Supporting the Mental Health of Students with Intellectual and Developmental Disabilities

Katherine Pickard, PhD

Emory University School of Medicine

September 15, 2021



# 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).



Southeast (HHS Region 4)

MHTTC

Mental Health Technology Transfer Center Network

Funded by Substance Abuse and Mental Health Services Administration

**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.

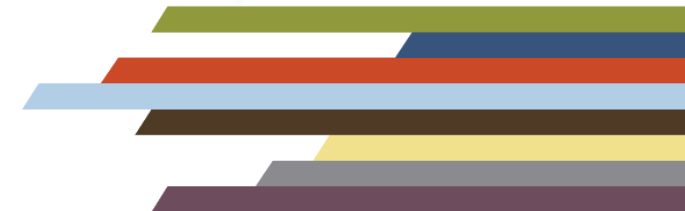
**Our Vision:** Widespread access to evidence-based mental health services for those in need.

**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.



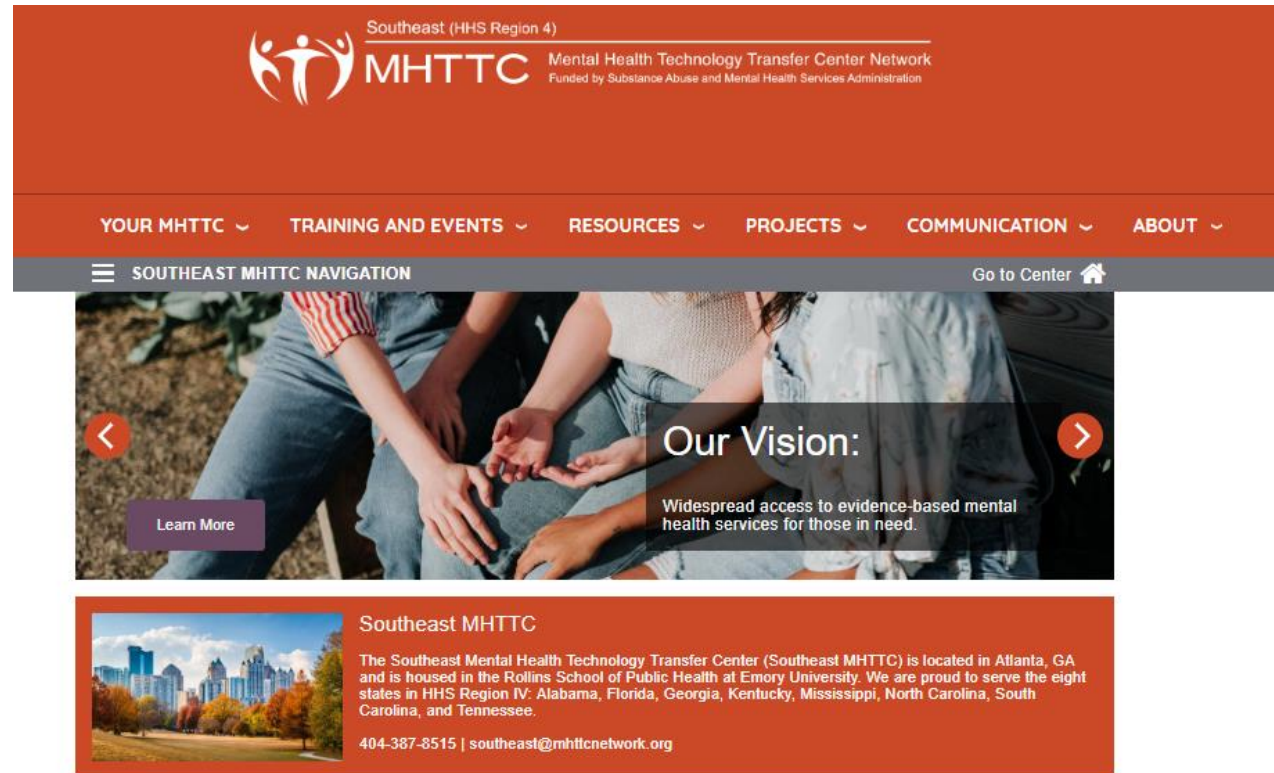
**SAMHSA**

Substance Abuse and Mental Health  
Services Administration



# Region IV Southeast Mental Health Technology Transfer Center

Please visit our website at [www.southeastmhttc.org](http://www.southeastmhttc.org) for upcoming trainings as well as archived recordings of past trainings.



The screenshot shows the homepage of the Southeast Mental Health Technology Transfer Center (MHTTC) website. The header is orange with the MHTTC logo and text: "Southeast (HHS Region 4) Mental Health Technology Transfer Center Network Funded by Substance Abuse and Mental Health Services Administration". Below the header is a navigation bar with links: "YOUR MHTTC", "TRAINING AND EVENTS", "RESOURCES", "PROJECTS", "COMMUNICATION", and "ABOUT". A secondary navigation bar includes "SOUTHEAST MHTTC NAVIGATION" and a "Go to Center" button with a home icon. The main content area features a large image of people's hands clasped together, with the text "Our Vision: Widespread access to evidence-based mental health services for those in need." and a "Learn More" button. Below this is a section titled "Southeast MHTTC" with a photo of the Atlanta skyline and text describing the center's location and mission, along with contact information: "404-387-8515 | [southeast@mhttcnetwork.org](mailto:southeast@mhttcnetwork.org)".

## NEWS



## UPCOMING EVENTS

AUG 05	 <b>Suicide Risk Assessment Training - Raleigh, NC</b> Suicide Risk Assessment is an interactive training targeted to Master's level and licensed mental...
AUG 07	 <b>Financing School-Based Mental Health Services in Medicaid Managed Care</b> This webinar will provide an enhanced understanding of how school-based mental health (SBMH)...



# Katherine Pickard, PhD

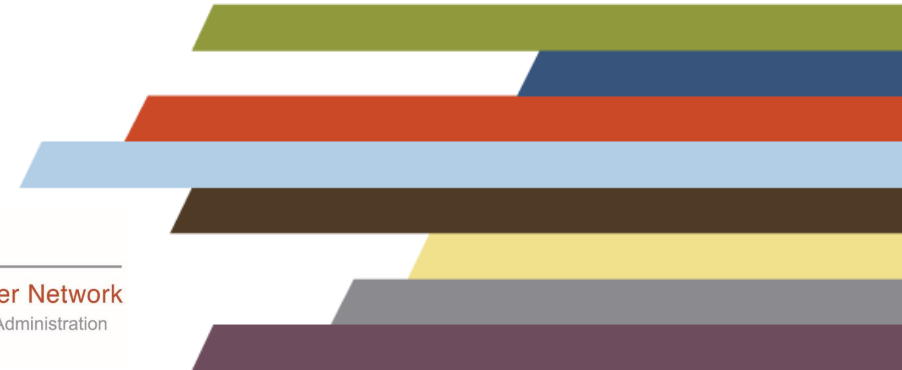
---

## 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 2: Objectives

Provide an overview of evidence-based approaches and practices that can be used within schools to support the mental health of students with IDD. It also describes challenges and solutions when implementing these practices in schools.

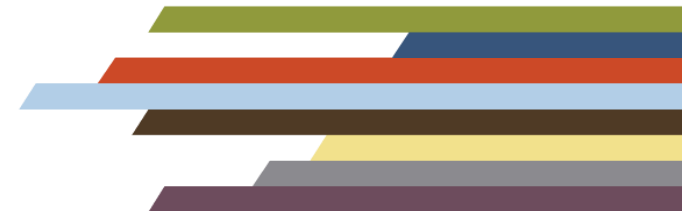
By the end of the webinar, participants will be able to:

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.



Southeast Mental Health Technology Transfer Center

Alabama | Florida | Georgia | Kentucky | Mississippi | North Carolina | South Carolina | Tennessee






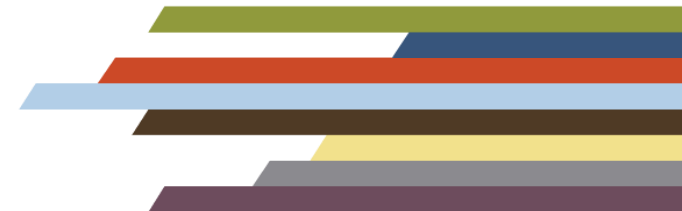
# Presentation Overview

- 
- Describe cognitive behavior therapy (CBT), including core components and examples of how CBT has been adapted for students with IDD.

- 
- Provide a case study for how CBT could be implemented in schools for students with IDD.

- 
- Describe factors that impact how well mental health programming, such as CBT, can be sustained in schools.

- 
- Discuss additional resources related to the mental health challenges in students with IDD.

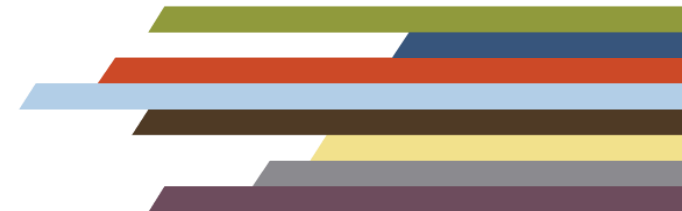


# Polling Questions 1



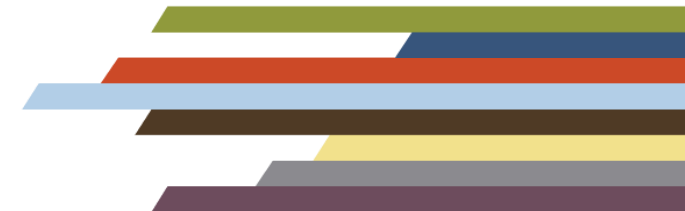
Southeast Mental Health Technology Transfer Center

Alabama | Florida | Georgia | Kentucky | Mississippi | North Carolina | South Carolina | Tennessee





# Mental Health and IDD Service “Silos”



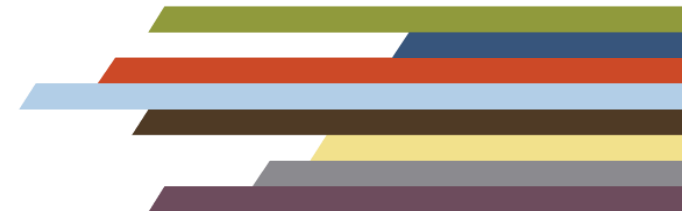
# Cognitive Behavior Therapy (CBT)

**Treatment of choice for anxiety disorders in youth within the  
general population**

*AND*

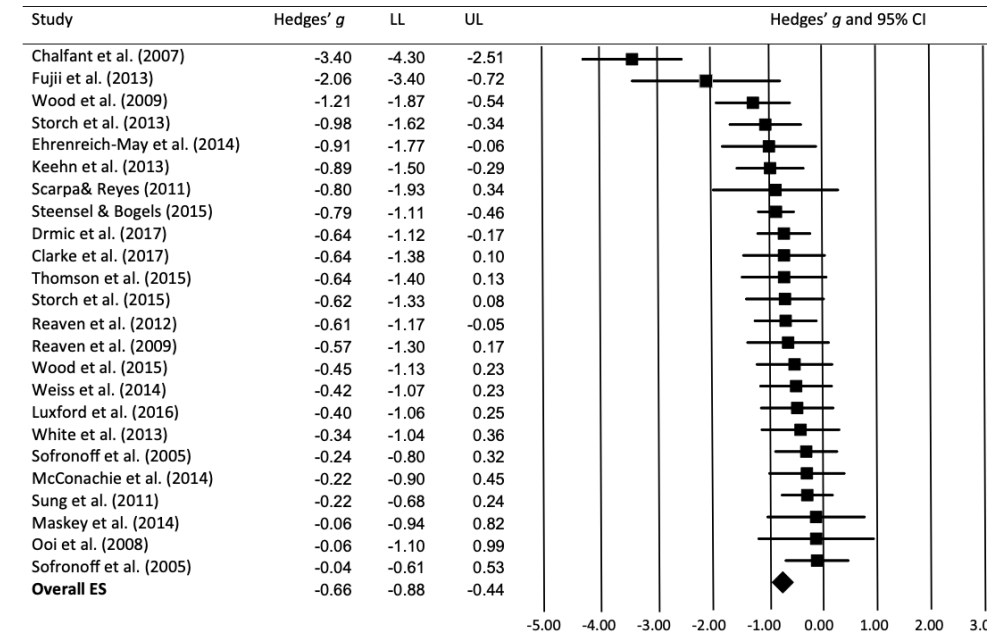
**for treating anxiety and other mental health challenges in  
youth with ASD and other IDD.**

(Blakeley-Smith et al., 2020; Lake et al., 2020)



# Cognitive Behavior Therapy (CBT)

Across 23 studies, CBT had an average effect size of 0.68, which means that youth with ASD who receive CBT have *moderate* reductions in anxiety and emotion regulation symptoms when compared to a wait list control or “usual care”

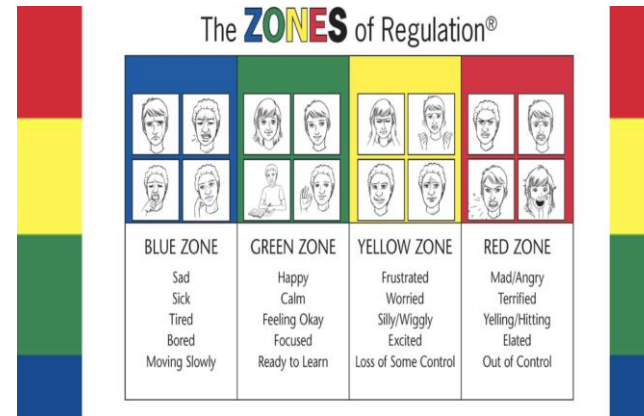
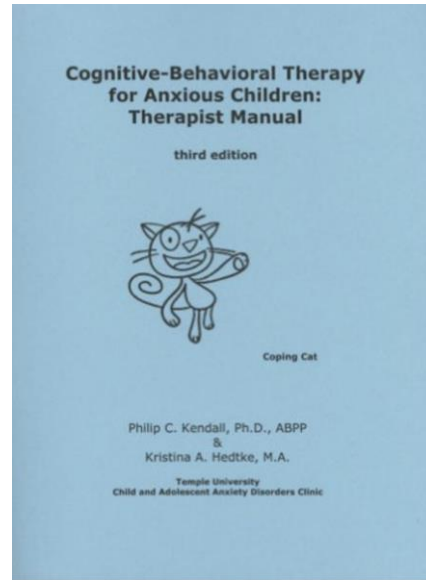


# Examples of CBT Curriculums that have been Studied in Youth with ASD

## Coping Cat

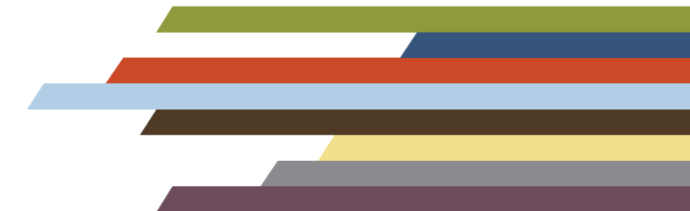


Facing Your Fears



Zones of Regulation

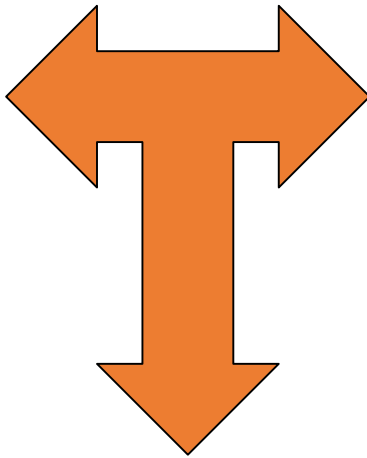
## BrainWise



# How does CBT Work?

## Physiological:

- Rapid heart rate
- Shaking/restlessness
- Anxious facial expression
- Crying/screaming
- Sleep disturbance

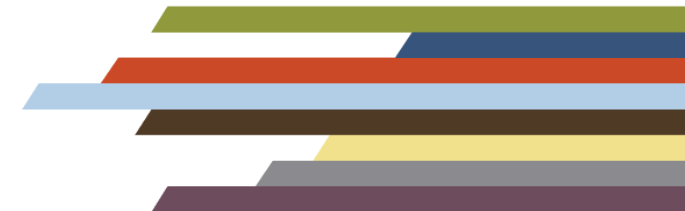


## Cognitive:

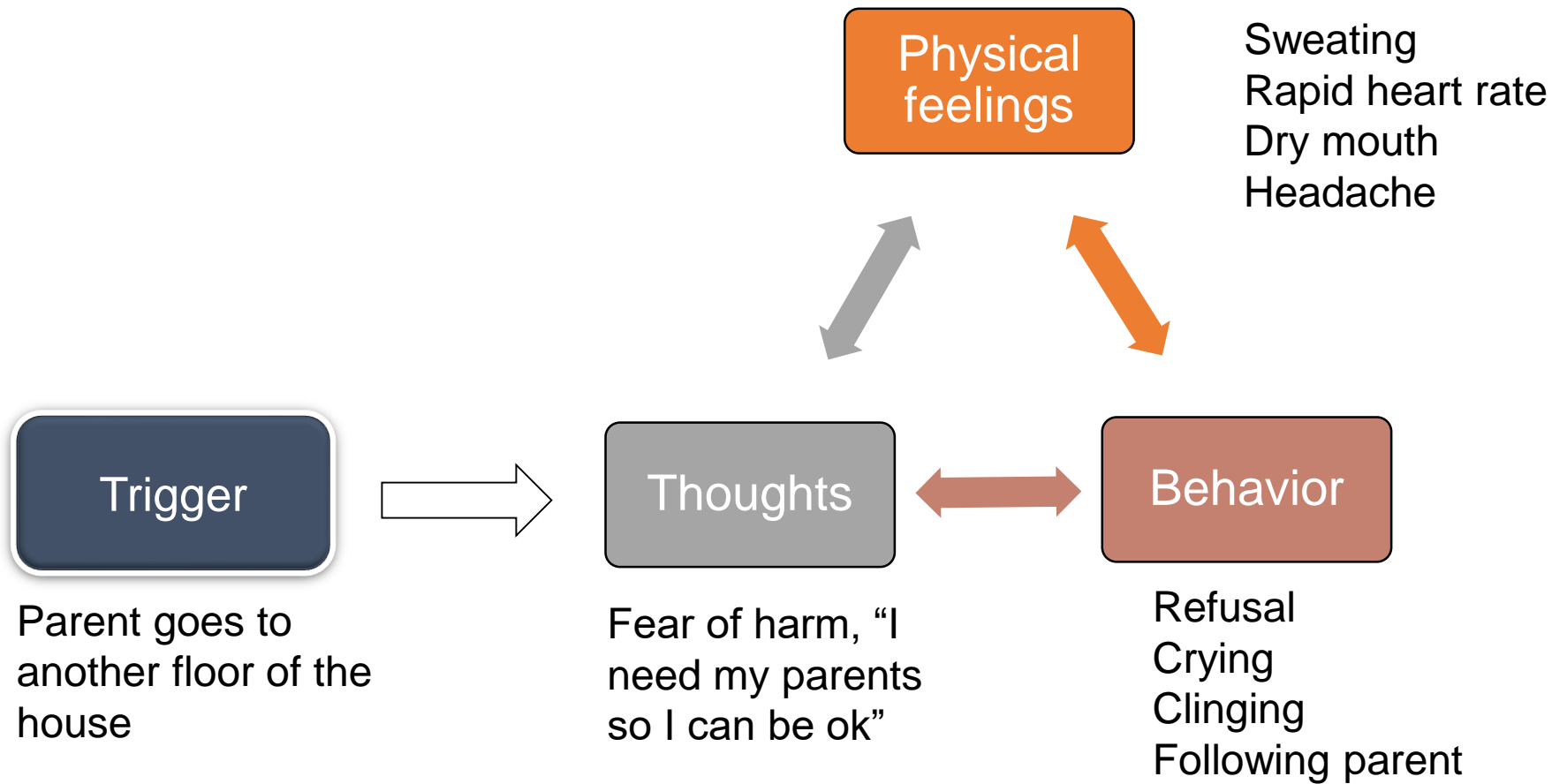
- Cognitive distortions
- Negative self talk
- Rumination
- Worry
- Self-doubt

## Behavioral:

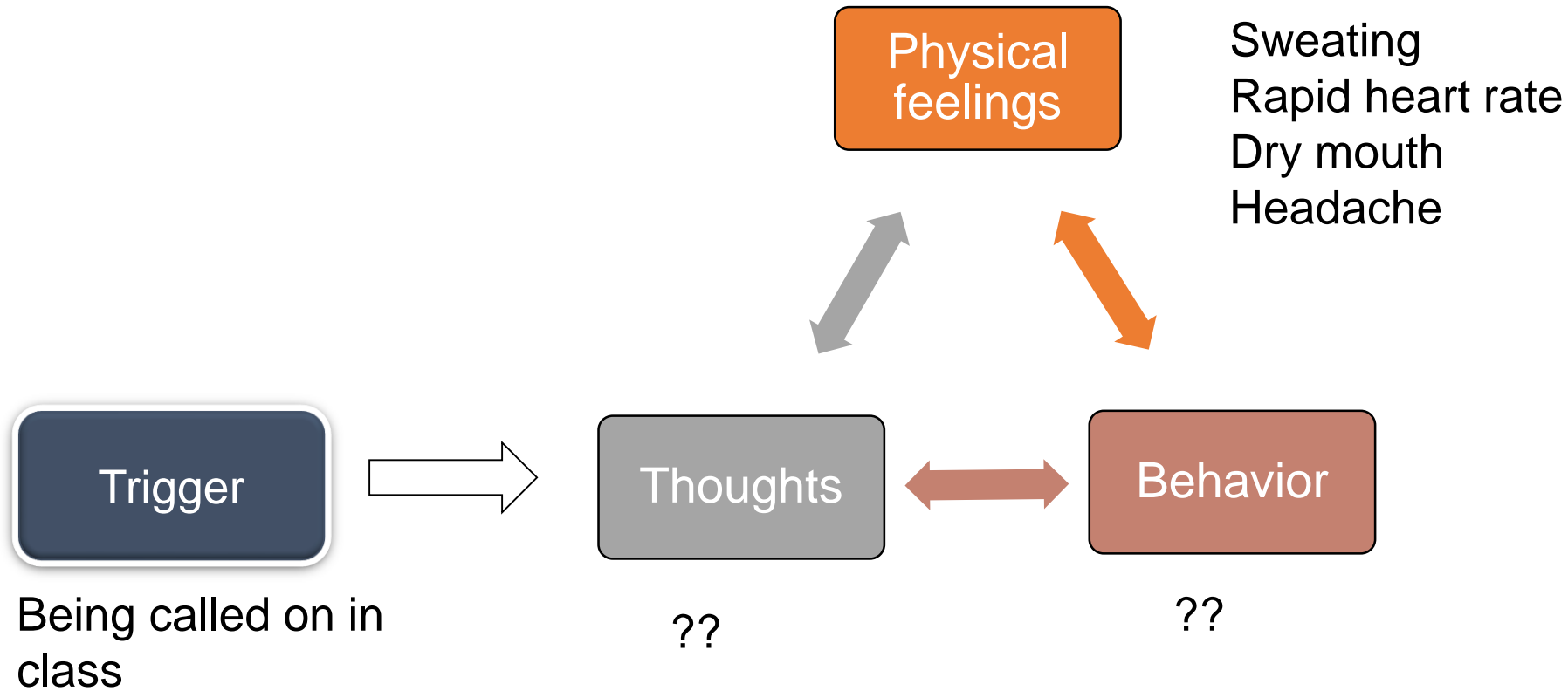
- Avoidance
- Withdrawal
- Reassurance seeking



# Breaking CBT Down: Separation Anxiety



# Breaking CBT Down: Social Anxiety

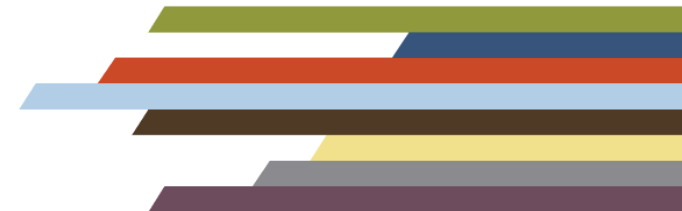




# Polling Question 2

Thoughts this student might be having (can choose more than one response):

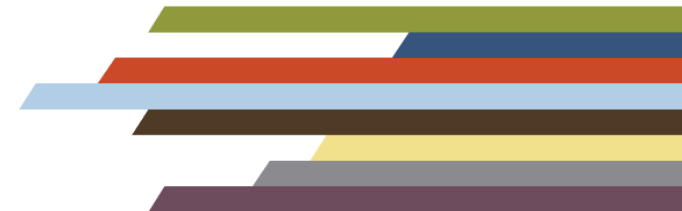
- “I don’t know the answer”
- “Everyone is looking at me”
- “I am going to sound dumb”
- “What if I get laughed at?”



# Polling Question 2

Behavior this student might show in this situation (can choose more than one response):

- Face is flushed
- Puts their head on the desk
- Does not answer the question
- Cries
- Leaves the classroom
- Hits their hands on the desk



# What Does CBT Involve?

Psychoeducation

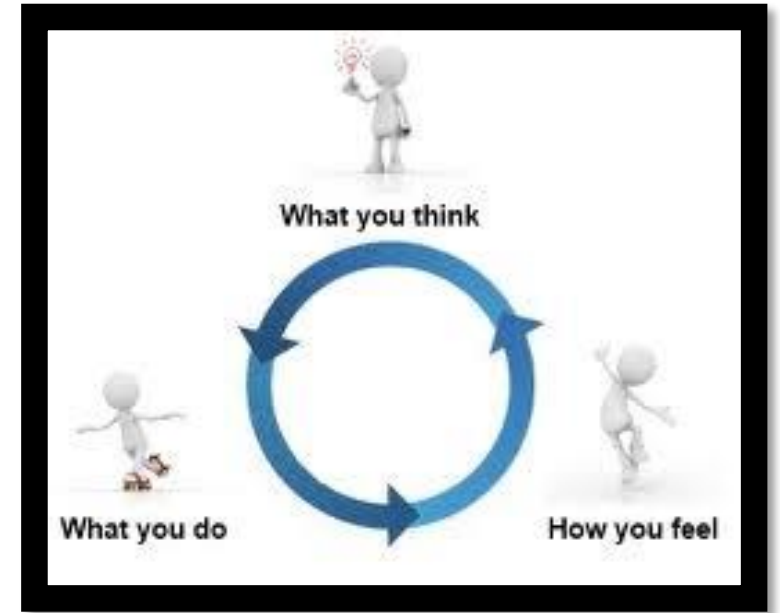
Somatic Management

Cognitive Restructuring

Problem Solving

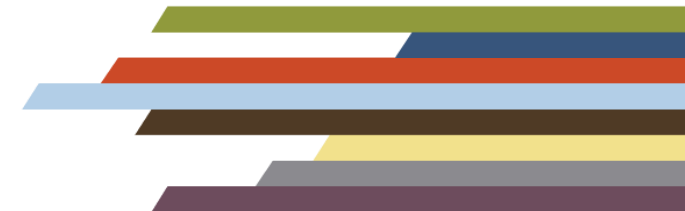
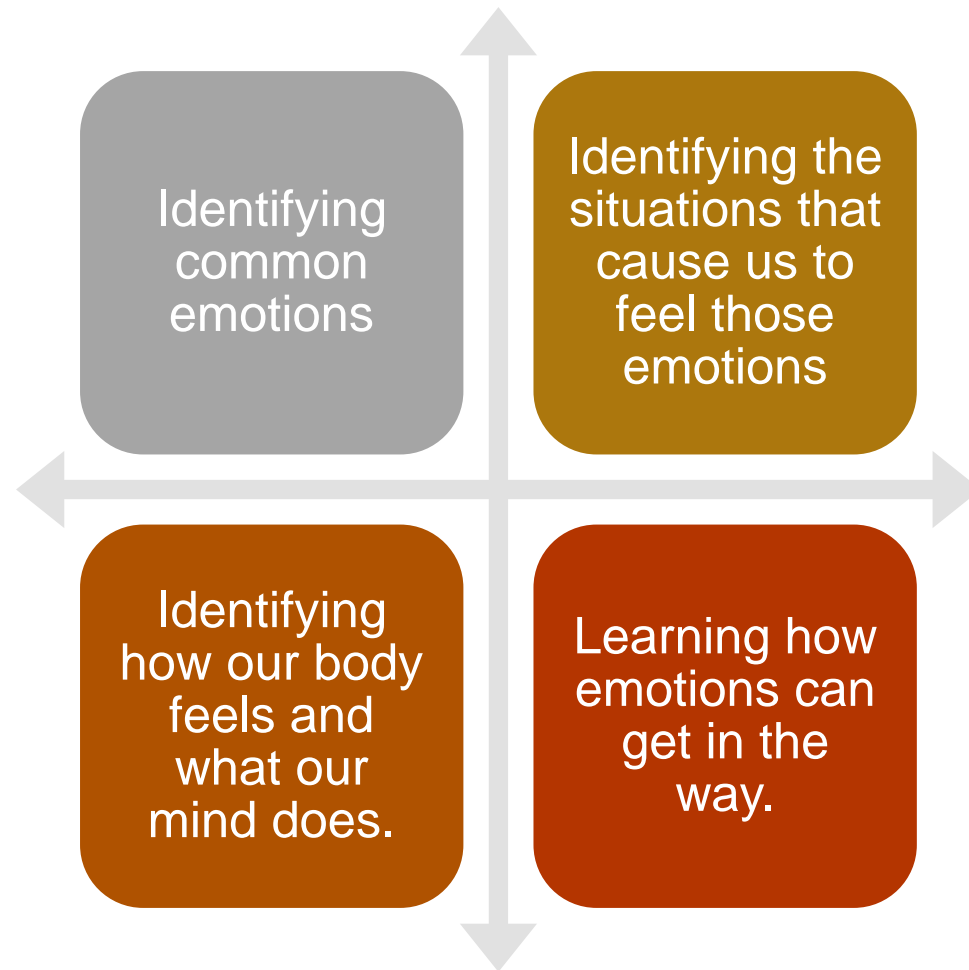
Graded Exposure

Relapse Prevention



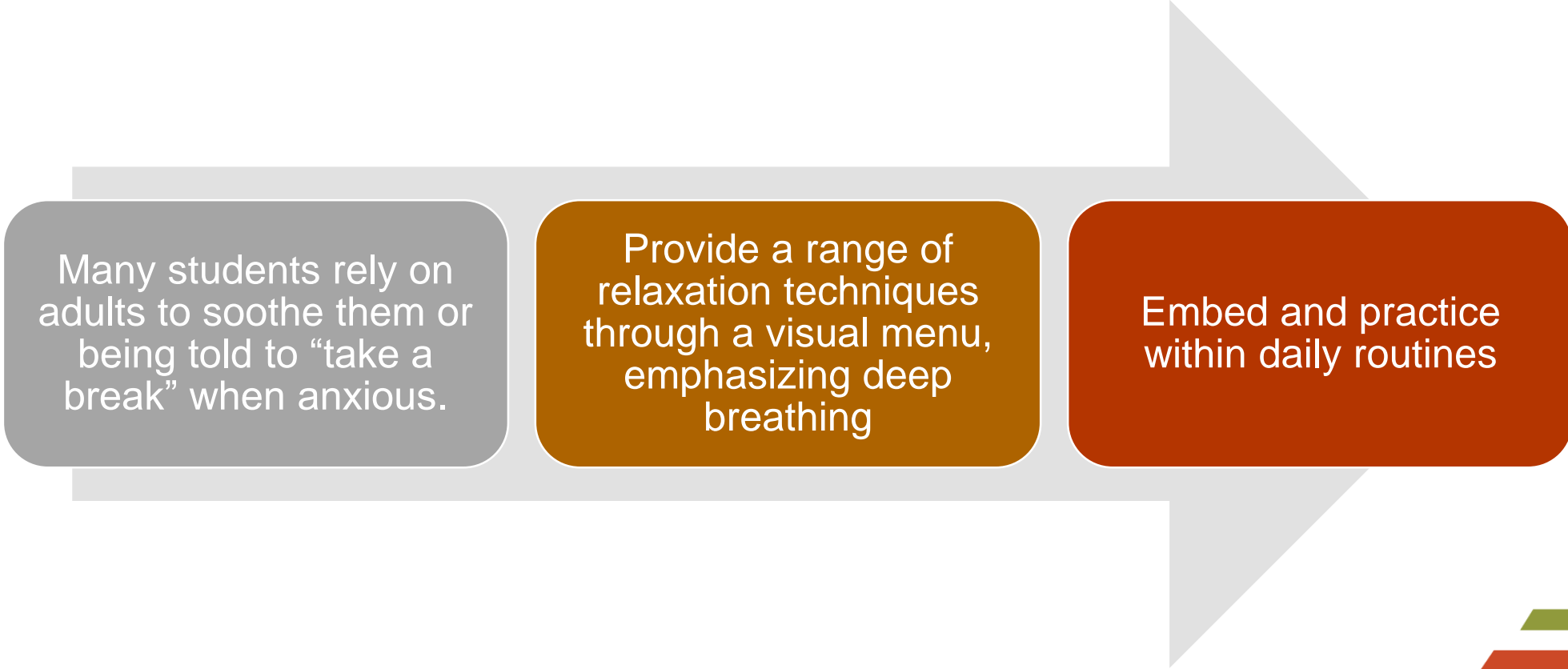
# Psychoeducation

Definition: Building foundational emotion knowledge



# Somatic Management

Definition: Relaxation strategies that help reduce the physiological symptoms of anxiety (i.e., they help to calm our bodies)



Many students rely on adults to soothe them or being told to “take a break” when anxious.

Provide a range of relaxation techniques through a visual menu, emphasizing deep breathing

Embed and practice within daily routines



# Cognitive Restructuring

Definition: Strategies that help to manage negative or worrisome thoughts



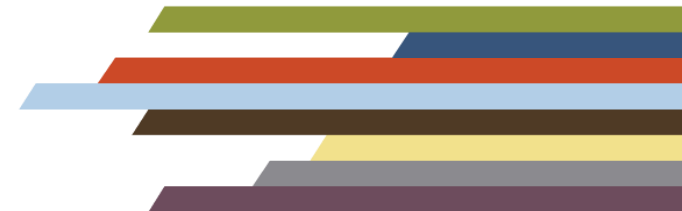
Pay attention to negative self talk, perseverative questions, and reassurance seeking



Focus on replacement not identification and challenge of negative cognitions



Use repetitive helpful thoughts designed to reinforce self competence:



# Graded Exposure

Definition: Facing fears a little bit at a time



Helps children to apply skills

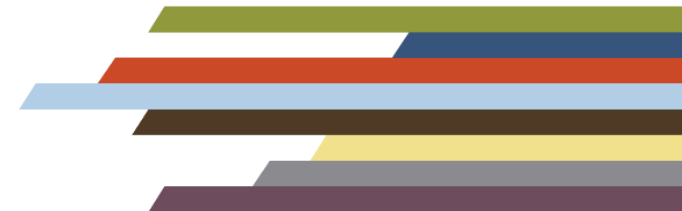
Where we see the heart of change in CBT!

Providers are often least familiar with this aspect of CBT



# Modifications for ASD and IDD

- Basic CBT content is unchanged
- Modifications based on the cognitive, linguistic and social needs of children with ASD
- Integrated social skills curriculum, not a separate module
- Group structure and management
  - Token reinforcement program for in-group behavior
  - Visual structure and predictability of routine
  - Careful pacing of each group session



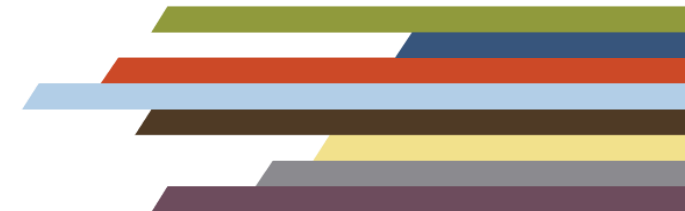
# Modifications for ASD and IDD

- Prerequisite skills (i.e. ,feeling vocabulary)
- Multiple choice lists
- Drawing and other creative outlets
- Repetition and practice
- Video modeling and video self-modeling
- Strength based
- Incorporation of special interest
- **\*Parent component critical\***

## Everybody Worries and Gets Upset Sometimes

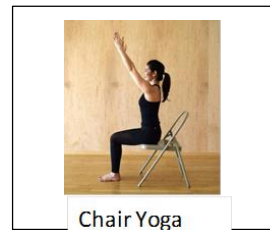
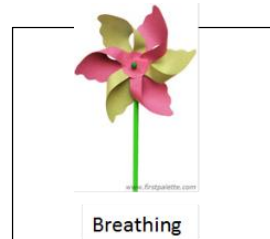
- ☐ Storms/thunder and lightening
- ☐ Bugs/bees/spiders
- ☐ Being late
- ☐ Making mistakes
- ☐ People correcting my work
- ☐ Forgetting homework
- ☐ Changes in schedule
- ☐ A substitute teacher
- ☐ People touching my stuff
- ☐ People breaking the rules
- ☐ Talking to peers/adults I do not know well
- ☐ Talking in front of the class
- ☐ Reading aloud
- ☐ Asking for help
- ☐ People teasing me
- ☐ Losing a game or competition
- ☐ Not being first
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

- ☐ Using a public bathroom
- ☐ Loud noises
- ☐ Fire alarms
- ☐ Toilets flushing
- ☐ School assemblies
- ☐ Eating in the cafeteria
- ☐ Busy hallways
- ☐ Getting lost
- ☐ Going to school
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

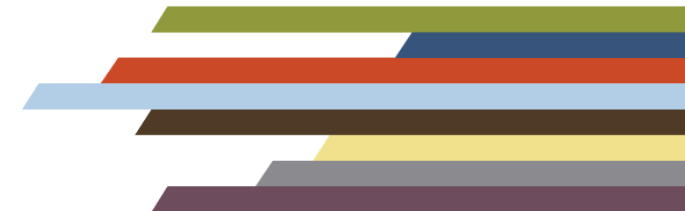


# Example Modification: Relaxation

Choose 1:

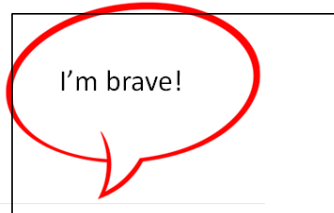


Calm My Body:

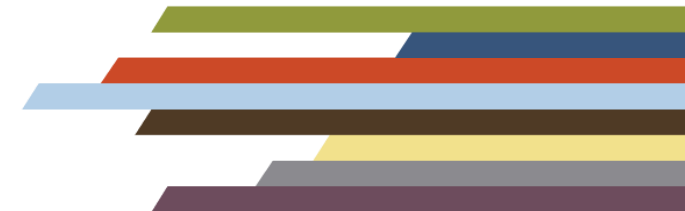
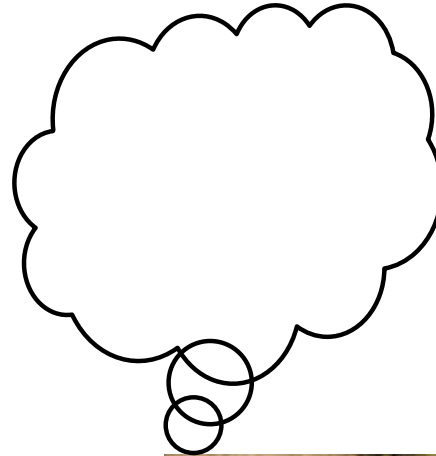


# Example Modification: Cognitive Restructuring

**Choose 1**



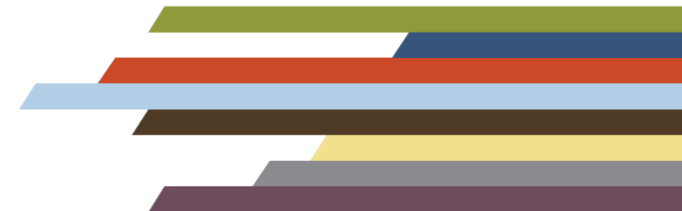
**Calm My Mind**



# Polling Series 3

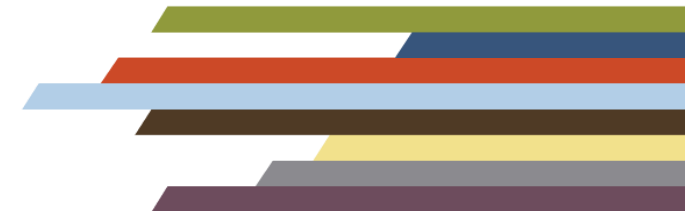
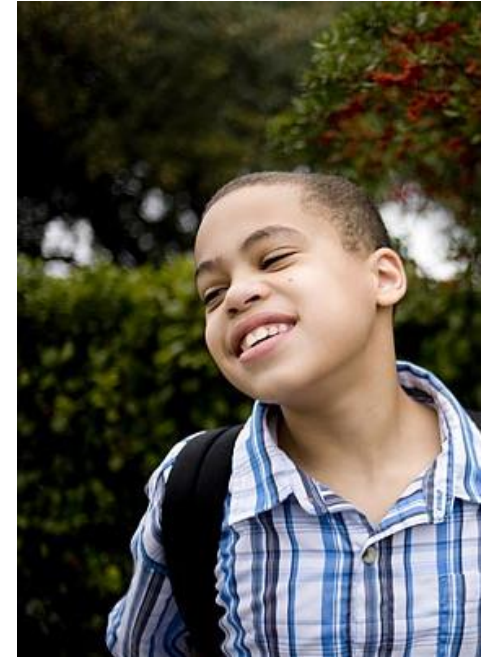
For me, I adapt how I teach students with IDD by doing the following:

- I use visual schedules
- write or scribe for the student
- I limit the amount of verbal instruction I provide
- I read any response options
- I give choices rather than ask open-ended questions
- I provide token incentives (e.g., stickers, tallies, points, etc.)
- I show students what I am asking them to do before they do it themselves



# Implementing CBT in Schools

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



# A Case Study of Adapting *Facing Your Fears* for Students with IDD in Schools

## Year 1

Iterative focus groups to adapt clinic-based Facing Your Fears (FYF) program for schools.

## Year 2

Pilot FYF-SB with 9 interdisciplinary school teams and 29 students.

## Year 3

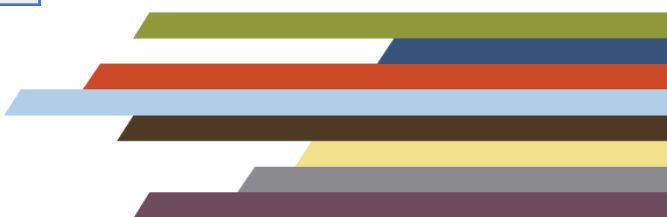
Randomized controlled trial comparing FYF-SB to usual school care with 81 students across 27 schools.



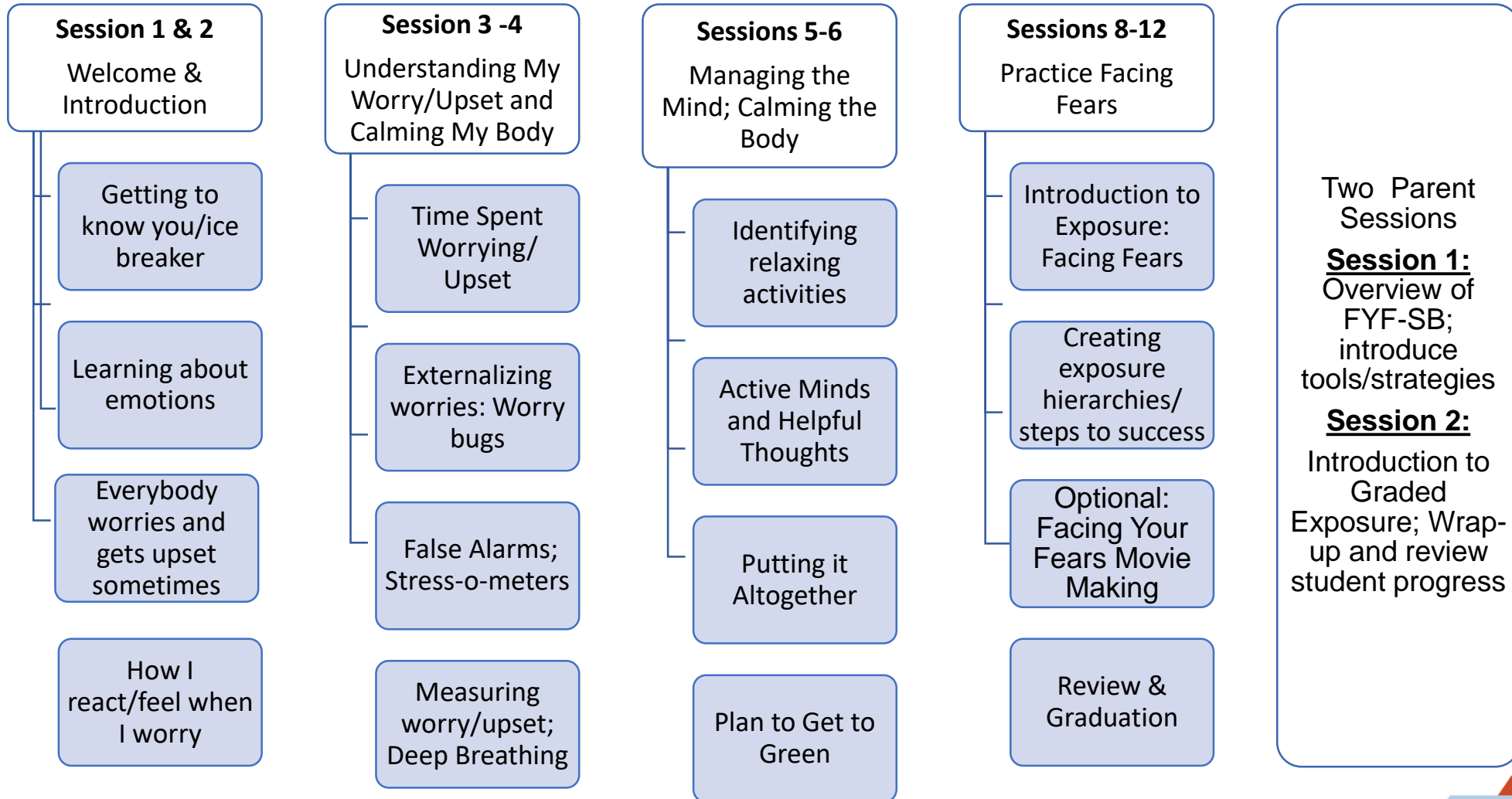
# Facing Your Fears: Clinic Versus School-Based

Intervention Feature	Clinic Program	School Program
<b>Number of Sessions</b>	14 + booster; weekly	12 sessions; weekly
<b>Session length</b>	90 minutes	40 minutes
<b>Group size</b>	4-6 families	2-5 students
<b>Clinician</b>	Psychologist	Interdisciplinary school providers
<b>Parent Involvement</b>	Each session	2 parent sessions

(Reaven et al., 2020; Reaven et al., 2021)

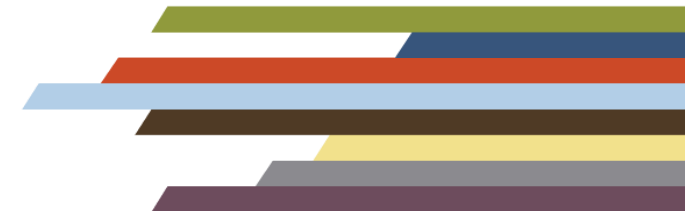


# Facing Your Fears – School Based Program



# School Providers Informing this Work

	Percent Total (N=77)
Female	92.3
Non-Hispanic or Latinx	95.4
Hispanic/Latinx	4.6
White	90.8
Asian	3.1
Black or African American	3.1
Multiple Races	1.5
School Psychologist	29.2
Social Work or Counselor	10.7
Speech Pathologist	23.1
Special Education	32.3

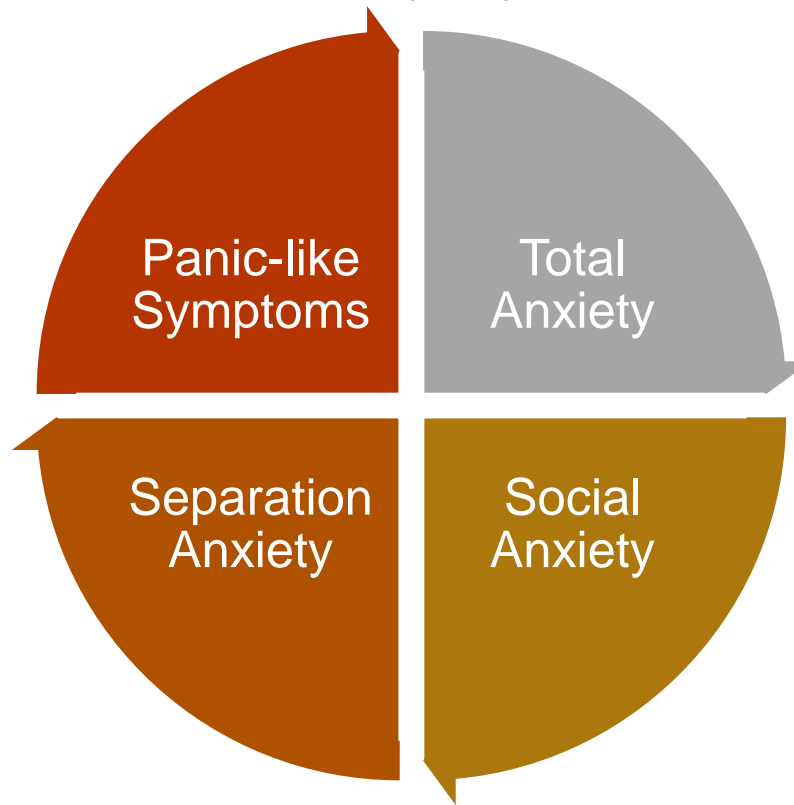


# Facing Your Fears: Provider Outcomes

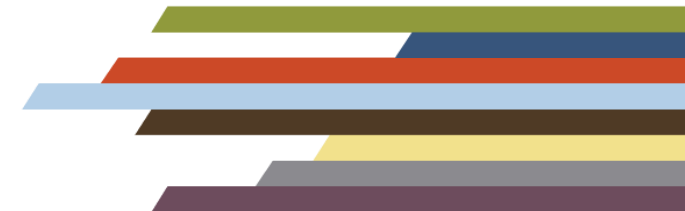
- School providers had improved CBT knowledge
  - Even for non-mental health school providers
- Program Completion and Fidelity
  - Thirteen fall schools delivered FYF-SB
  - Schools implemented an average of 10 of 12 sessions
  - 60% of sessions were coded for fidelity
  - The quality of sessions was high! 86% of core program activities were completed with good quality.

# Facing Your Fears: Student Outcomes

- Parent and Student Report of Anxiety Symptom Reduction:



(Reaven et al., 2021)

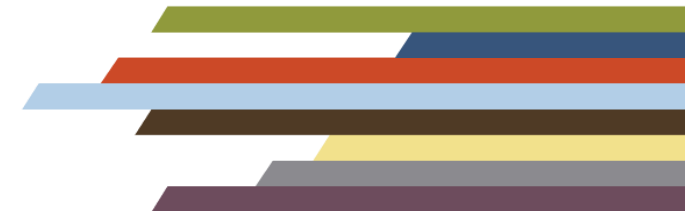


# Implementation Considerations

Theme	Definition
<b>Accessibility</b>	Discussion of FYF-SB being easy to use across provider disciplines.
<b>Mental Health Staffing</b>	Comments related to mental health staff being stretched thin or pulled for crises.
<b>Interdisciplinary Teams</b>	Reference to the feasibility of implementing FYF-SB within interdisciplinary teams.

*\*Pulled from exit interviews with 65 providers*

(Pickard et al., under review)

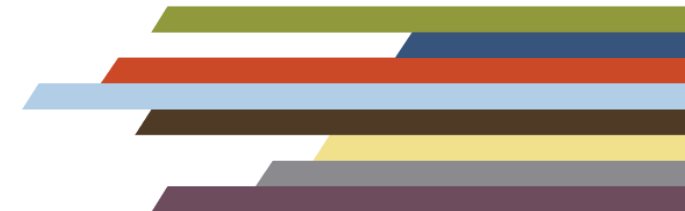


# Implementation Considerations

Theme	Definition
<b>Scheduling and Logistics</b>	Discussion of how school teams coordinated the implementation of FYF-SB.
<b>IEPs</b>	The extent to which school providers built FYF-SB into student IEP minutes.
<b>Adaptation</b>	School teams that extended the length of sessions or split content over two sessions

*\*Pulled from exit interviews with 65 providers*

(Pickard et al., under review)

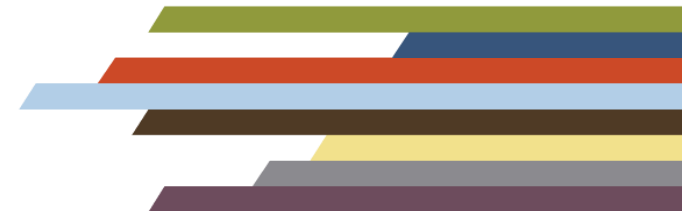




# Implementation Considerations: Mental Health Staffing

“I think it’s kind of inherent in our school situation that the one thing that we never depended on was the mental health being there and I think that was true for [Provider Name]’s group as well. We never counted on mental health being there because they might get called away for a behavior or a student in need.”

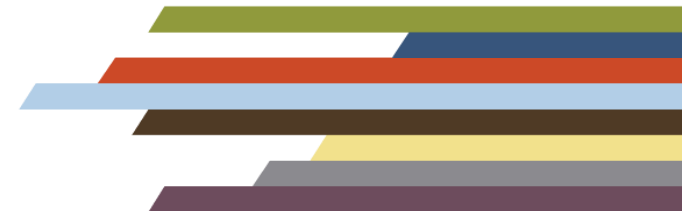
(Pickard et al., under review)



# Implementation Considerations: Interdisciplinary Teams

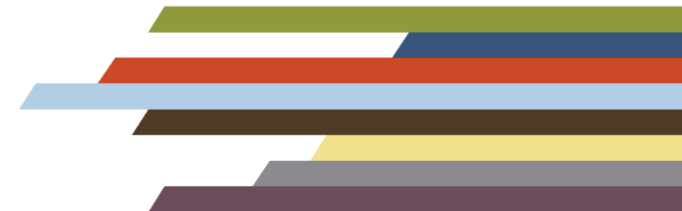
“As a special education teacher, I don’t have any training in CBT beyond this program, but it still felt so easy to pick up and to use. So, it seemed like a great way to take this really big, challenging problem to meet the needs of these students by having a program that I think that really anybody could probably pick up and use appropriately and it would be very beneficial to kids.”

(Pickard et al., under review)



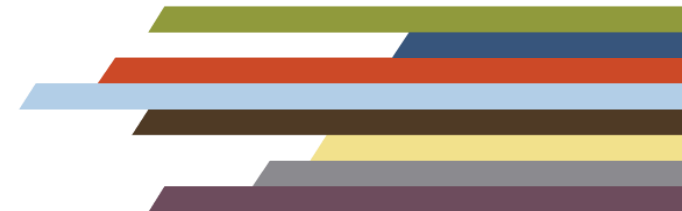
# Implementation Considerations: Program Pacing

“We ended up stretching it out to about 15 sessions I think because we broke some of the lessons up, and our sessions were almost all, we had a couple of sessions that were closer to 60 minutes when all was said and done.”



# Implementation Considerations: Need for Comprehension

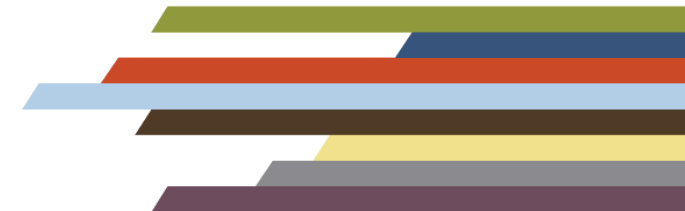
“I think we would get really stuck on like, “I don’t think they got this concept, I think we need to do it again.” And I know they told us over and over in the training, “it’s okay, just keep going to the next one,” but, as schools, we don’t work like that.”



# Implementation Lessons



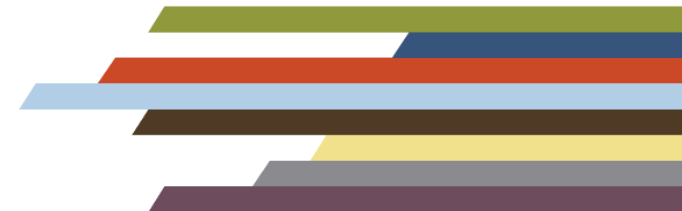
- Interdisciplinary providers delivered Facing Your Fears well, even without formal mental health training.
- Interdisciplinary teams allowed for sharing of responsibilities across school professionals.
- The program was easy to use.
- Facing Your Fears was able to be delivered flexibly.
- Treatment outcomes were promising, although somewhat less robust than clinic-trials



# Poll Series 4

Some of the barriers we face in providing mental health programming to students with IDD are:

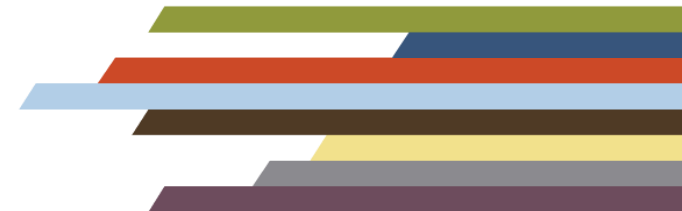
- Limited professional training opportunities
- Mental health staff shortages
- Mental health programming is not prioritized for students with IDD
- Funding constraints
- Limited knowledge of mental health programming for students with IDD
- Other (please use chat box)



# Poll Series 4

When we implement mental health programming for students, we are often needing to think about the following implementation challenges:

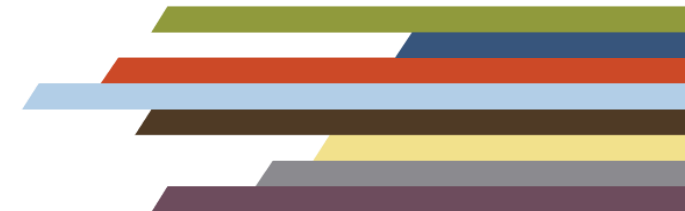
- Mental health staff shortages
- How to build mental health programming into IEP minutes
- Whether to deliver mental health programming individually or in a group format
- How to fit mental health programming into the school day
- How to coordinate care with external mental health providers
- Other (use chat box)



# Poll Series 4

For students with IDD, mental health topics that I would like more information on are (can choose more than one):

- Supporting emotion regulation
- Supporting challenging behavior
- Trauma-informed care
- Supporting executive functioning
- Supporting anxiety
- Supporting depression
- Other (use chat box)



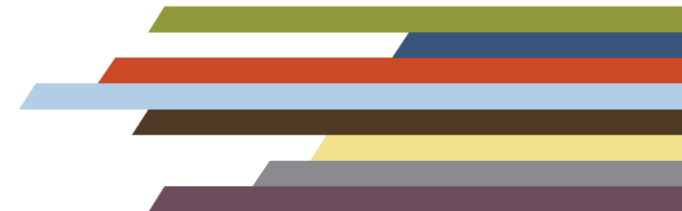


# Poll Series 4

For the topics I've identified in the previous question, I would want more information related to:

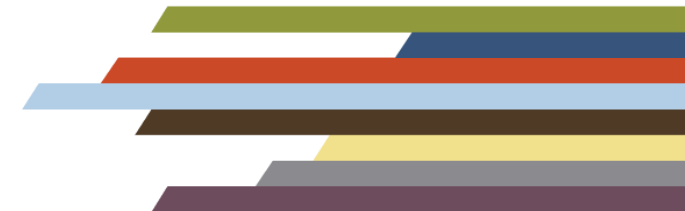
## Identification of student needs

- Specifying and allocating school resource needs
- Formal school treatment options
- Informal strategies
- Financing and sustainability
- Other (use chat box)



# Additional Resources

- American Association for Intellectual and Developmental Disabilities (AAIDD): <https://www.aidd.org/>
- Association of University Centers on Disabilities (AUCD): <https://www.aucd.org//template/index.cfm>
- JFK Partners, University of Colorado School of Medicine: <https://medschool.cuanschutz.edu/jfk-partners>
- Mental Health Technology Transfer Center: <https://mhffcnetwork.org/centers/mhffc-network-coordinating-office/national-school-mental-health-implementation-guidance>
- National Center for School Mental Health: <http://www.schoolmentalhealth.org/>



# Thank you!

Southeast MHTTC:

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

Contact:

[Katherine.e.pickard@emory.edu](mailto:Katherine.e.pickard@emory.edu)

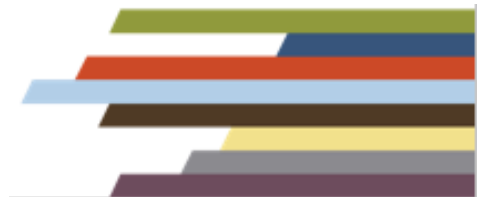
Website:

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



# References

- Ali, M. M., West, K., Teich, J. L., Lynch, S., Mutter, R., & Dubenitz, J. (2019). Utilization of mental health services in educational setting by adolescents in the United States. *Journal of School Health*, 89(5), 393-401.
- Barry, L., Holloway, J., & McMahon, J. (2020). A scoping review of the barriers and facilitators to the implementation of interventions in autism education. *Research in Autism Spectrum Disorders*, 78, 101617.
- Domitrovich, C. E., Bradshaw, C. P., Poduska, J. M., Hoagwood, K., Buckley, J. A., Olin, S., ... & Ialongo, N. S. (2008). Maximizing the implementation quality of evidence-based preventive interventions in schools: A conceptual framework. *Advances in School Mental Health Promotion*, 1(3), 6-28.
- Eiraldi, R., Wolk, C. B., Locke, J., & Beidas, R. (2015). Clearing hurdles: The challenges of implementation of mental health evidence-based practices in under-resourced schools. *Advances in School Mental Health Promotion*, 8(3), 124-140.
- Ghandour, R. M., Sherman, L. J., Vladutiu, C. J., Ali, M. M., Lynch, S. E., Bitsko, R. H., & Blumberg, S. J. (2019). Prevalence and treatment of depression, anxiety, and conduct problems in US children. *The Journal of Pediatrics*, 206, 256-267.
- Hollocks, M. J., Lerh, J. W., Magiati, I., Meiser-Stedman, R., & Brugha, T. S. (2019). Anxiety and depression in adults with autism spectrum disorder: a systematic review and meta-analysis. *Psychological Medicine*, 49(4), 559-572.
- Hossain, M. M., Khan, N., Sultana, A., Ma, P., McKyer, E. L. J., Ahmed, H. U., & Purohit, N. (2020). Prevalence of comorbid psychiatric disorders among people with autism spectrum disorder: An umbrella review of systematic reviews and meta-analyses. *Psychiatry Research*, 287, 112922.
- Kerns, C. M., Kendall, P. C., Berry, L., Souders, M. C., Franklin, M. E., Schultz, R. T., ... & Herrington, J. (2014). Traditional and atypical presentations of anxiety in youth with autism spectrum disorder. *Journal of autism and developmental disorders*, 44(11), 2851-2861.
- Lyon, A. R., & Bruns, E. J. (2019). From evidence to impact: Joining our best school mental health practices with our best implementation strategies. *School Mental Health*, 11(1), 106-114.



# References

- Perihan, C., Burke, M., Bowman-Perrott, L., Bicer, A., Gallup, J., Thompson, J., & Sallese, M. (2020). Effects of cognitive behavioral therapy for reducing anxiety in children with high functioning ASD: A systematic review and meta-analysis. *Journal of autism and developmental disorders*, 50(6), 1958-1972.
- Perou, R., Bitsko, R. H., Blumberg, S. J., Pastor, P., Ghandour, R. M., Gfroerer, J. C., & Huang, L. N. (2013). Mental health surveillance among children—United States, 2005–2011. *MMWR Suppl*, 62(2), 1-35.
- Reaven, J., Blakeley-Smith, A., Nichols, S., & Hepburn, S. (2011). Facing your fears: Group therapy for managing anxiety in children with high-functioning autism spectrum disorders. *Baltimore, MD: Brookes*.
- Reaven, J., Reyes, N., Pickard, K., Tanda, T., & Morris, M. A. (2020). Addressing the Needs of Diverse Youth with ASD and Anxiety in Public Schools: Stakeholder Input on Adaptations of Clinic-Based Facing Your Fears. *School Mental Health*, 1-15.
- van Steensel, F. J., Bögels, S. M., & Perrin, S. (2011). Anxiety disorders in children and adolescents with autistic spectrum disorders: a meta-analysis. *Clinical Child and Family Psychology Review*, 14(3), 302.doi:10.1007/s10567-011-0097-0
- Weiss, J. A. (2014). Transdiagnostic case conceptualization of emotional problems in youth with ASD: An emotion regulation approach. *Clinical Psychology: Science and Practice*, 21(4), 331.
- Weist, M. D., Hoover, S., Lever, N., Youngstrom, E. A., George, M., McDaniel, H. L., ... & Hoagwood, K. (2019). Testing a package of evidence-based practices in school mental health. *School Mental Health*, 11(4), 692-706.
- Weston L, Hodgekins J, & Langdon PE (2016) Effectiveness of cognitive behavioural therapy with people who have autistic spectrum disorders: a systematic review and meta-analysis. *Clinical Psychology Review*, 49, 41–54.
- White, S. W., Mazefsky, C. A., Dichter, G. S., Chiu, P. H., Richey, J. A., & Ollendick, T. H. (2014). Social-cognitive, physiological, and neural mechanisms underlying emotion regulation impairments: Understanding anxiety in autism spectrum disorder. *International Journal of Developmental Neuroscience*, 39, 22-36.
- Zablotsky, B., Pringle, B. A., Colpe, L. J., Kogan, M. D., Rice, C., & Blumberg, S. J. (2015). Service and treatment use among children diagnosed with autism spectrum disorders. *Journal of developmental and behavioral pediatrics: JDBP*, 36(2), 98.



# Region IV Southeast Mental Health Technology Transfer Center

## Keep in touch with us!

Visit our website to view:

- Upcoming events
- Products and resources

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

Sign up for our listserv:

<https://southeastmhttc.org/listserv/>

Follow us on social media:

- Facebook:
- Twitter: @SE\_MHTTC

<https://www.facebook.com/semhttcriv/>

[https://twitter.com/SE\\_MHTTC](https://twitter.com/SE_MHTTC)



SAMHSA's mission is to reduce  
the impact of substance abuse and  
mental illness on America's communities.

[www.samhsa.gov](http://www.samhsa.gov)

1-877-SAMHSA-7 (1-877-726-4727) • 1-800-487-4889 (TDD)