

The background is a gradient from dark purple at the top to dark blue at the bottom, with a starry or particle-like texture. On the left side, there are several overlapping circular elements. A prominent one is a large circle with a scale around its perimeter, marked with numbers from 140 to 260 in increments of 10. Other circles are smaller and some have dashed outlines or arrows indicating a path or direction. The overall aesthetic is technical and scientific.

SUPPORTING YOUR COMPLEX CHILD

HELPING INDIVIDUALS WITH CO-OCCURRING
DEVELOPMENTAL AND MENTAL HEALTH DISORDERS

DEVELOPMENTAL DISORDERS

1 in 6 children age 3-17 is diagnosed with one or more developmental disorders

- Intellectual disability
- Autism
- ADHD
- Cerebral palsy
- Vision impairment
- Hearing impairment

15%

Over the last 12 years, prevalence of DDs has increased 17.1%—that's about 1.8 million more children with DDs in 2006–2008 compared to a decade earlier

- Prevalence of autism increased 289.5%
- Prevalence of ADHD increased 33.0%
- Prevalence of hearing loss decreased 30.9%.

Greater than 1 in 20 individuals has an intellectual disorder

87.5% had emotional or behavioral difficulties

99.6% had difficulty participating in at least one activity

ADLS

Functional Communication

Learning

Movement

DISABILITY AND BEHAVIOR

- Increased risk of developing behavior problems
- “Typical” child problems occur more frequently, more severely and for a longer length of time

Higher rates of anxiety and depression

- Motor delays
- Autism
- Down Syndrome
- Intellectual Delay

- Up to 30-35% of children with an intellectual disability also demonstrate signs and symptoms of a diagnosable psychiatric disorder.
- Very high rates of anxiety disorders have been found among children affected by Autism-spectrum disorders– as high as 40%.
- Suicidal ideation and/or attempt have been reported in up to 30% of people with mild intellectual disability.
- Certain “physical” disabilities—such as type 1 myotonic muscular dystrophy—are associated with rates of ADHD as high as 30% or more (depending upon criteria used).

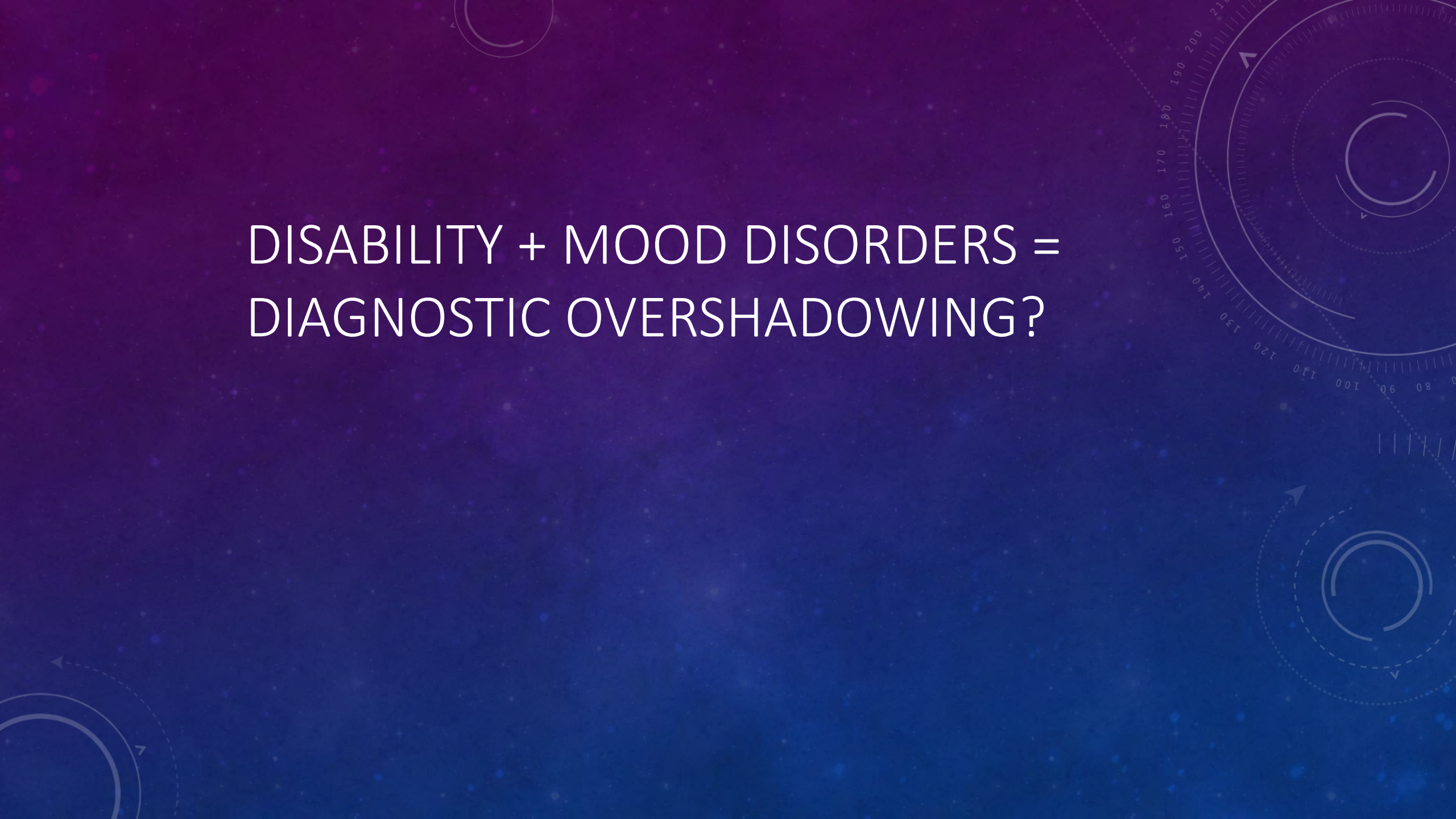
The background features a dark blue gradient with a field of small white dots. Several faint, light blue circular diagrams are overlaid, including a large one in the top right with concentric circles and tick marks, and others in the bottom left and bottom right.

Why Are Individuals with Disabilities at increased risk for Mood Disorders and Psychiatric Distress?

CONTRIBUTING FACTORS

- Brain anatomy
- Physical Health
- Social connection
- Meaningful work/engagement
- Self-efficacy (independence)

DISABILITY + MOOD DISORDERS =
DIAGNOSTIC OVERSHADOWING?



WHAT TO DO?

- How do people with expertise in mental health disorders address developmental disability?
- How do people with expertise in developmental disabilities address mental health?

DEVELOPMENTAL DISORDERS + MENTAL HEALTH DISORDERS

- Methodology but not Access

A MODEL OF MODIFICATION & ACCOMMODATION

The background features a dark blue gradient with a subtle pattern of white stars and faint technical diagrams. On the right side, there are several circular diagrams resembling gauges or dials with numerical scales (e.g., 100, 110, 120, 130, 140, 150, 160, 170, 180, 190, 200, 210) and arrows. Some diagrams have dashed lines and arrows indicating a clockwise or counter-clockwise direction. The overall aesthetic is clean, modern, and technical.

MENTAL HEALTH PROFESSIONALS

- Intelligence level (IQ) is not synonymous with developmental age
- Low IQ doesn't mean "I'm actually a 6 year old adult"
- Treatment isn't being "dumbed down" it is being adjusted to provide appropriate accommodation
- Self-talk may be a coping skill, not a sign of psychiatric illness

MENTAL HEALTH PROFESSIONALS

- Modify
- Accommodate
- Accommodate

HOW DO I MAKE AN ACCOMMODATION FOR AN INDIVIDUAL WITH A DEVELOPMENTAL DISORDER?

- Accommodate areas of known weakness or disability
 - Visual supports
 - Say less; show more
 - Break information down into component parts
 - Provide breaks
 - Parent involvement
 - **Give specific practice**

ANXIOUS CHILD WITH AUTISM

- Use visual supports
- Clear parameters: schedule, behavior, activities planned, when are we DONE?
- Short breaks within session
- Skills focus
- Using interests for motivation and engagement
- Using concrete examples and closed questions
- “Download” time: child chooses activity and/or topic for conversation

COGNITIVE BEHAVIORAL THERAPY (CBT)

Storch et al (2015): Behavioral Interventions for Anxiety in Children with Autism (BIACA)

3+ sessions = coping skills

8+ sessions = exposure therapy

Additional sessions for social and adaptive skills deficits (16 total)

Sessions were modified for issues relevant to adolescents

Parents were included

BEHAVIORAL INTERVENTIONS FOR ANXIETY IN CHILDREN WITH AUTISM (BIACA)

- Emotional recognition
- Cognitive Restructuring
- Review of psycho-education and CBT skills
- Fear Hierarchy development
- Relaxation
- Review of cognitive skills and “homework”
- In-vivo exposures

Social Interventions

- Making Friends
- Mentoring
- Social Coaching

OCD focused modules

- Exposure and Response Prevention

BEHAVIORAL INTERVENTIONS FOR ANXIETY IN CHILDREN WITH AUTISM (BIACA)

Parent Component

CORE MODULES

- Psycho-education about anxiety
- Encouraging Independence
- Rewards systems
- Negotiating and planning exposures
- Fear Hierarchy development

Social Interventions

- Facilitating Play Dates
- Facilitating Mentoring
- Social Coaching
- Socially appropriate activities and appearance

School focused modules

- IEP: principals of parent advocacy
- Support sessions

CBT STUDY: STORCH ET AL (2015)

BIACA (CBT) group

- 68.8% were treatment responders
- At one month follow-up 37.5% no longer met diagnostic criteria for anxiety

Treatment as Usual (TAU)

- 26.7% were treatment responders
- At one month follow-up 0% no longer met diagnostic criteria for anxiety

CBT: WHAT'S THE CATCH?

Studies predominantly include individuals with at least Below Average intelligence (FSIQ = 80+)

Individuals with impaired cognitive skills may have difficulty with the cognitive concepts of CBT

Behavioral therapy: addressing specific behaviors, responses and coping skills

BEHAVIORAL INTERVENTIONS & INTELLECTUAL DELAY

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MODIFY AND ACCOMMODATE

BEHAVIORAL INTERVENTIONS & INTELLECTUAL DELAY

- Desensitization and reinforcement
- Prompting, modeling, and anti-anxiety stimuli
- Parent component

BE CLEAR WITH EXPECTATIONS

Visual supports: schedules, plans

“We’re going to”

Time-timer

This first/then

TIME-TIMER



VISUAL SUPPORTS

- Comic Strip Conversation
- Social Stories
- Behavior charts

FLEXIBLE BRAIN



- Sometimes I cannot have the choices I want.
- I can use a flexible brain to help me think of new choices.
- “Flexible Brian” is a fancy way of saying “have a new thought.”
- I might think, “Oh well” and think of something new to do instead.
- Sometimes it is hard to have a flexible brain. I might feel upset when things do not go my way.
- It is good to use a flexible brain when I am upset. Using a flexible brain helps me be a good problem solver. It might help me feel better to use a flexible brain to think of a new idea.
- Sometimes when I have a flexible brain, my friends will work to have a flexible brain with me too.
- People enjoy being friends with people who have flexible brains.

FLEXIBLE BRAIN CHART

Wednesday	Thursday	Friday	Saturday	Sunday	Monday	Tuesday

Practice having a Flexible Brain this week. Flexible Brain is a fancy way of saying “Have a New Idea”.

You could practice by

- Letting someone else go first.
- Make a different idea of what to play.
- Follow Mom and Dad’s directions.
- Make a new choice.
- Be a good sport if you lose a game.
- Bring this chart back next week with 2 or more stickers/week to get a reward!

ADDRESSING DEPRESSION IN A CHILD WITH INTELLECTUAL DISABILITIES

- Feelings identification
- Connecting feeling to situations
- Teaching strategies for dealing with feelings
- Teaching positive self-care

MODIFICATION AND ACCOMMODATION

- Visual supports
- Repetition of ideas
- Breaks
- Parent involvement

MENTAL HEALTH PROFESSIONALS: WHAT ELSE?

Support core skills and factors that we know support mental health

- Developing community connections
- Improving interpersonal skills, friendship skills
- Encouraging intentional, scheduled work/volunteer activities
- Encouraging physical activity
- Encourage the development of self-care routines

COMMUNITY SUPPORT WORKERS

AWARENESS

- People with Down syndrome are not happy all the time
- Not all people with Autism prefer to be by themselves
- Intellectual disability doesn't pre-empt self-efficacy

QUICK SCAN ASSESSMENT

- Language skills
- Cognitive abilities
- Mood and regulation
- Interest and ability to engage

MANAGING DISTRESS

Do not let their distress become your distress

Take a pause and remember your plan

Plan = CALMING DOWN NOT PROBLEM SOLVING

Talk LESS

Use visual supports

ACOMMODATIONS

- Visual supports
- Set clear expectations
- Always address situational distress first

WORKING WITH BIG FEELINGS

- IT'S OK TO BE FRUSTRATED (YOU AND YOUR CHILD)
- MAKE A PLAN
- LIMIT TIME

SUPPORT FACTORS THAT SUPPORT WELL-BEING

- Having meaningful roles/work
 - School, volunteering, jobs
- Support social opportunity and friendships
- Physical Health
- Community engagement
- Self-care
- Hobbies

FRUSTRATION MANAGEMENT

- Have frustration words
- Make a calm place
- Model staying calm
- Refer to your visuals

REGARDLESS OF DISABILITY OR ILLNESS HUMANS ARE AFFECTED BY ...

- Problem solving abilities
- Emotional coping skills
- Flexibility
- Life circumstances including opportunity, education, family origin and SES

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PROVIDE OPPORTUNITIES FOR
PRACTICE & SKILL-BUILDING

SKILLS TO WORK ON WHILE PLAYING GAMES

- Turn-taking
- Shared attention
- Waiting
- Good sportsmanship
- Rules
- Collaborative play
- Conversation
- Eye contact
- Frustration tolerance
- Personal space
- Proximity
- Game scripts
- Flexibility
- Problem Solving
- Shared Schedules
- Memory

TRAUMA AND PEOPLE WITH DEVELOPMENTAL DELAYS

People with developmental delays are more likely to be exposed to trauma

- Verbal abuse
- Neglect
- Physical abuse
- Sexual abuse
- Crime

ADDRESS VULNERABILITY AND SELF-EFFICACY

Self-care skills

Self-report

Health and well-being

Sex-education

Teach healthy relationships

Connection with the community

SUPPORT FAMILIES TO SUPPORT CHILDREN

Behavior family intervention approaches

- Parent-Child Interaction Therapy
- Incredible Years
- Triple P-Positive Parenting Program

Parent support

- Respite care
- Parent support groups

SUPPORT COMMUNITIES TO SUPPORT CHILDREN

Community dialogue: JUST LIKE THIS!

Inclusion efforts

Think of ways to remove physical and social barriers

Think of how we support well-being for everyone

Be clear with expectations

Advocacy

Use visual supports

WE ARE BETTER WORKING AS A TEAM

Address the whole person

Address the whole system

Care for and work with each other

COMMUNITY RESOURCES

- Swindells Resource Center
- NAMI
- Oregon Family Support Network
- Morrison Child & Family Services, Trillium Family Services